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SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
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www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, January 11, 2006
1380 Howard Street, Suite 510
San Francisco, CA 94103
6:30 p.m.

DOCUMENTS DEPT.

JAN - 9 2006

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AGENDA

CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 PRESENTATION BY SUPERVISOR SOPHIE MAXWELL ON VIOLENCE IN THE BAYVIEW

For discussion.

- 1.1 Presentation
- 1.2 Board discussion of possible Board responses to the presentation.
- 1.3 Public comment relevant to Item 1.0

Item 2.0 DIRECTORS REPORT

For discussion.

- 2.1 Dr. Robert Cabaj, Director, Community Behavioral Health Services
A report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.
- 2.2 Public comment relevant to Item 2.0

Item 3.0 ACTION ITEMS

For discussion and possible action.

- 3.1 Public comment relevant to Item 3.0
- 3.2 Proposed Resolutions
 - 3.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of November 9, 2005 be approved as submitted.

3.2.b PROPOSED RESOLUTION: Be it resolved that the notes of the Mental Health Board Retreat of December 3, 2005 be approved as submitted.

Item 4.0 MENTAL HEALTH BOARD PRIORITIES FOR 2006

For discussion and possible action.

4.1 Public comment relevant to Item 4.0

4.2. PROPOSED RESOLUTION: Be it resolved that the following priorities be adopted by the Board for 2006: (Attachment A.)

1. Develop new partnerships with other mental health organizations in order to collaborate on mental health issues.
2. Lead and participate in education and advocacy efforts in identified legislative areas.
3. Provide education to San Francisco organizations and the community about critical mental health issues.

Item 5.0 REPORTS

For discussion..

5.1 Report from the Executive Director of the Mental Health Board
Brief presentation on Robert's Rules of Order.

5.2 Report of the Chair of the Board and the Executive Committee.
The following items will be referred back to the Executive Committee for action.

5.2 a Discussion regarding preferred location of Mental Health Board meetings.

5.2 b Discussion regarding the Mental Health Board seeking status as a Commission.

5.2.c Discussion regarding Committee structure and focus.

5.3 Nominating Committee report on proposed candidates for officers for 2006-07.

5.4 Report by Budget Chair

5.5 Report by members of the Board on their activities on behalf of the Board.

5.6 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.7 Public comment relevant to Item 5.0

Item 6.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

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**MENTAL HEALTH BOARD
ATTACHMENT A
January 11, 2006**

PROPOSED RESOLUTION (MHB-2006-xx): MENTAL HEALTH PRIORITIES FOR 2006

BE IT RESOLVED, that the Mental Health Board of San Francisco adopts the following three items as its priorities for 2006:

1. Develop new partnerships with other mental health organizations in order to collaborate on mental health issues.
2. Lead and participate in education and advocacy efforts in identified legislative areas.
3. Provide education to San Francisco organizations and the community about critical mental health issues.

(2) MAYOR'S BUDGET INSTRUCTIONS

The Mayor's Budget Office released its budget instructions to departments on December 6. The document includes an overview of the projected deficit and provides instructions to City departments for preparation of their budget submissions. The full document is on-line at: http://www.sfgov.org/site/controller_index.asp?id=1826.

Budget Overview: The City's financial outlook for FY 06-07 has improved, but current projections still show a projected shortfall of \$80 million.

The document projects a net growth of \$121 million over budgeted revenues for FY 05-06. At a budget briefing on December 8, Mayor's Budget Director Noelle Simmons reported that revenues are up in all categories, especially those related to real estate. Some of these funds are already allocated, with \$36m going to mandated baselines (such as the Children's Fund and libraries), and another \$29m to the Rainy Day Fund. This leaves a surplus of \$56m.

The overview projects \$136m in increased costs, of which \$12m relates to rising non-personnel expenses. Projected personnel cost increases include \$50m to reflect wage increases approved in the current fiscal year, \$20m for health and dental, \$21m increase in the City's share of employee pension costs, and \$34m under the City's agreement with labor to resume picking up the employee's share of the pension on July 1, 2006.

The net result is the projected \$80 million shortfall. Notably, this estimate assumes no wage increases for the approximately 40 labor MOUs that are open for negotiation this spring, nor does it assume any nonprofit COLAs or cost increases. Any wage increases will lead to a larger deficit. Each 1% COLA for general fund departments would increase the deficit by about \$10m.

Even though the City projects a deficit, the Rainy Day Fund requirements will kick in for the first time because the trigger is revenue growth over 5%. The City is projecting growth of \$150 million over FY 04-05, which is 6.7% of total general fund revenues. Thus 1.7% of total GF revenue, or \$39m is subject to the Fund requirements. Of this amount, 50% (or \$19m) must go to the Rainy Day Fund, and 25% (or \$10m) is restricted to capital and one-time expenditures; the City can use the final \$10m for discretionary expenses. (The triggers to use the Rainy Day Fund are also complex, and require a decrease in revenues from the previous year or from the trend line of averages over the past several years.)

(3) CITY BUDGET PROCESS

Key dates in this year's budget process:

December 13: The Board will announce who will sit on the 2006 Budget Committee. Typically, the Budget and Finance Committee expands from three to five members during the budget process. We have heard that Chris Daly will serve as this year's Budget Chair.

January 10: Governor's budget released. This first look at the State budget will give the City some indication of how the state's fiscal outlook will impact local funding. Recent projections indicate that the State has a \$4 billion funding shortfall, but that revenues are \$5 billion over projections. This may be the first time in several years that the State isn't facing a deficit, but California still faces a structural deficit in future years.

February 21: Departments baseline budgets due to the Controller's Office.

March: The Controller, Mayor's Budget Director and Board's Budget Analyst will issue the Joint Report, which will update the City's financial overview and provide a more accurate figure for the projected deficit.

May 1: Mayor submits proposed Enterprise (non-General Fund) department budgets to the Board.

May: Governor releases his May Revise budget.

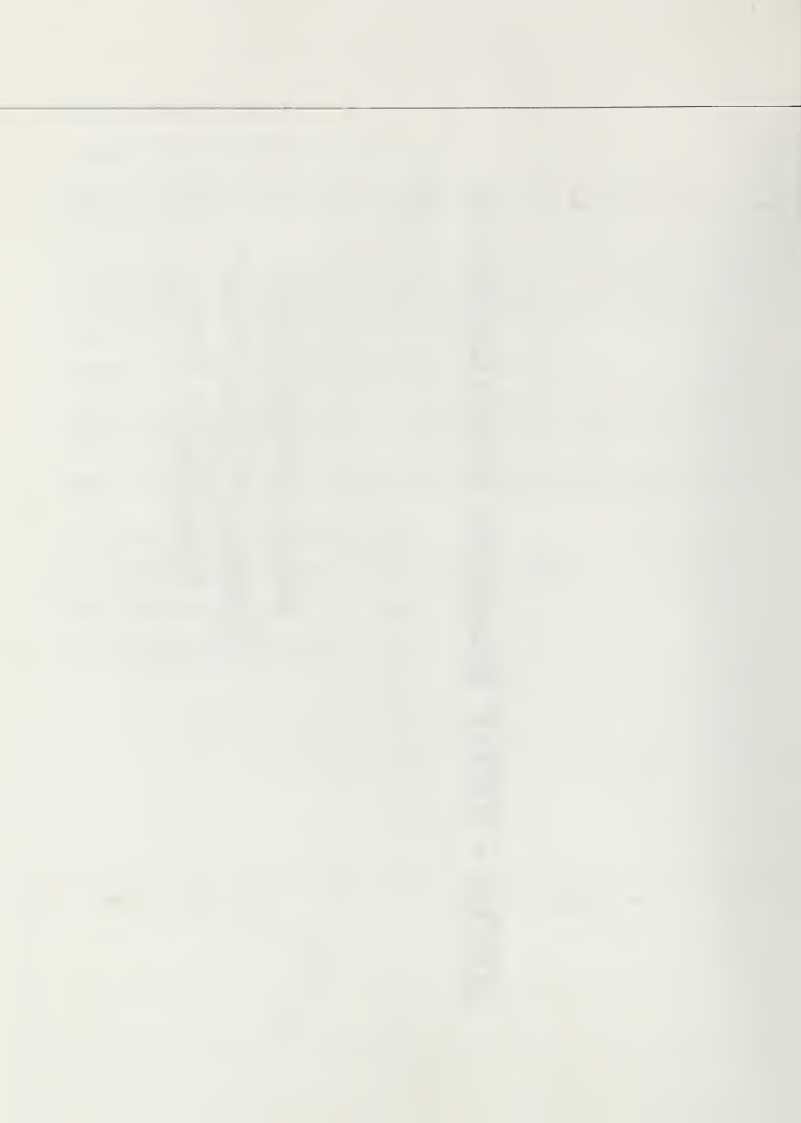
June 1: Mayor sends his proposed General Fund budget to the Board.

June: Board of Supervisors Budget Committee hearings.

July: Budget goes to the full Board.

2006 - 2007 Budget Instructions

Mayor's Budget Office
Stakeholder Presentation
December 8, 2005



Summary Points

- The projected shortfall for FY07 is \$80M.
- This outlook is improved as compared to recent years, but work remains to be done.
- Revenue improvement is offset by expenditure growth and mandated contributions to the Rainy Day Fund and baselines, posing a significant challenge.
- Planning goal for the budget year is to balance the FY07 budget without aggravating the outlook for FY08.

Financial outlook improved compared to PY deficits...

FY04

FY05

FY06

Projected shortfalls

(\$320M)

(\$307M)

(\$130M)

**But expenditures continue to outstrip
revenue growth...**



Possible Swings in Shortfall Projection

- Outcome of Labor Negotiations -- budget year projection assumes no wage increases in FY07
- Current Year Department Spending
- Current Year Revenues
- State and Federal Budget Changes

Additional revenue growth will be of limited assistance in balancing . . .

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FY 2006-2007 Budget Instructions

General Fund Departments

- Absorb half of the employee contribution to pension within the base budget.
- Propose additional ongoing expenditure savings worth 3% of GF subsidy; propose one-time uses of a like amount.
- Prioritize direct services.
- Consider cost pressures affecting community based partners.
- Further reduction targets may be necessary.

Non-General Fund Departments

- Absorb all known cost increases.

Key Dates

Dec 13	2006 Budget Committee announced
Jan 10	Governor's Budget released
Mar 1	Budget submission due to Mayor's Office
Mar	Joint Report issued - FY07 outlook updated
May 1	Mayor's Proposed Enterprise Budget to BOS
May	Governor's May Revise released
Jun 1	Mayor's Proposed GF Budget to BOS
June	Budget Committee hearings
July	Budget at full BOS

** Periodic budget updates will be held; dates TBD*

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UNADOPTED MINUTES

Mental Health Board

Wednesday, January 11, 2006
1380 Howard Street, Room 537
San Francisco, CA 94103
6:30 p.m.

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BOARD MEMBERS PRESENT: Rebecca Turner, Ph.D. (Chair); Supervisor Bevan Dufty; LaVaughn Kellum-King; James Shaye Keys; Claudia Lebish; James L. McGhee; Michael Medema; Toye Moses, Ph.D., M.P.H.; Tom Purvis; Jagruti Shukla, M.D.; M.P.H.; Kate Walker; Lisa Williams; Idell Wilson.

BOARD MEMBERS ABSENT: Benito Casados; Bob Douglas, J.D.; John Kevin Hines; Dorothy Shaffer, R.N., N.P., M.S.N.;

PRESENTERS: Supervisor Sophie Maxwell

OTHERS PRESENT: Robert Cabaj (Director of Community Behavioral Health Services); Emeric Kalman; Helynna Brooke (MHB Executive Director); Rich Snowdon (MHB Administrator).

CALL TO ORDER

The meeting was called to order at 6:34 p.m. by Rebecca Turner, Chair.

ROLL CALL

AGENDA CHANGES

No changes.

1.0 PRESENTATION BY SUPERVISOR SOPHIE MAXWELL

Dr. Turner: In a recent meeting we had a couple of CBHS staff who talked with us about violence in the Bayview. During the hearings on Proposition 63, we had a lot of testimony and discussion about the trauma created in the community by violence.

We're happy to have Supervisor Sophie Maxwell here with us tonight to address this issue. Supervisor Maxwell represents District 10. She appointed Idell Wilson to our board and that's been a wonderful gift.

Supervisor Maxwell: Violence is not just bang bang. Violence has been committed against our community for a very long time. Medical statistics show that we have the

highest asthma rates, babies die younger, and our community is like a third world country.

We have 8% of the juveniles in the city, but our young people are 70% of the people in the juvenile justice system.

We have 60% of the children and young people in foster care. Of the people in prison, 70% were in foster care.

When you go down Third Street, there is not one decent store. You can get dope easier than a decent piece of fruit. The public housing units are where? In the Bayview. When other people think of plants and trees, we think of sewer plants and power plants. All the power plants are in the Bayview. A drum corporation has toxic waste right next to a home.

The shipyard has been a problem for many years. Our community has the highest rate of prostate cancer.

Why is it this way in this "progressive" city? This is violence. I'm the Chair of the Select Committee on Violence. The police know the times 12-3 Friday when murders happen. They peak from midnight to 3 a.m. on Friday nights. The age range centers on 17-24. They can tell you the corners where the murders happen. They know where it happens.

In a war, they know where the arms come from. How is it that a teenage black male can get weapons, and white males don't know how to get them?

I was talking with the president of the Boys and Girls Club last Friday. They have never had to devote as much time to mental health issues.

Violence is affecting everyone in the Bayview and everyone in this city in one way or another.

Looking at mental health through physical health through the criminal justice system, all of us are being affected by violence.

I really believe this violence could be stopped overnight. The reason it continues is basically because of neglect.

I'm raising my grandson. I go running early in the morning and usually get home by 7:30. Monday I got home at 8:15, and he was in his room with the door closed. No lunch was packed and he hadn't had breakfast. He said he didn't want to go to school and didn't feel good. So I sat and talked with him, and things warmed up. Just that short period of time of not being with him, he went into this thing.

I go over to his school to play kickball with the kids. It's made me realize how simple a lot of this is with regard to our young people and violence.

There was a young man from our community who had an out-of-county placement in Yolo County. He got a 3.5 average on his school work, he was on the football team. He

was going with one of the girls from the school. Her parents had befriended him. When this young man's time was up, his football coach said, "Don't go back to San Francisco, you can come stay with me." But he came back to the city. He was back for one day and was murdered.

People come from all over the world to San Francisco to be who they are. But our kids from the Bayview have to leave San Francisco to be able to be who they are.

Racism has to be at the top of our list of priorities for change. It has to be. It has to be. Racism is a violent act. Neglect is a violent act.

Mr. Medema: I was on the Task Force for the Mental Health Services Act and heard you in the Bayview speaking passionately about the violence. And we've seen what happened with New Orleans. What can this Board do?

Supervisor Maxwell: I think you are in a great position to start talking about this. Integrate racism and violence into whatever you do. One of my focuses is economic development. So I've expanded the Land Use Committee to include economic development. You're going to feel economic development in everything I do.

When you think about the kids in foster care, they are there because they have undergone something traumatic. If 60% of the men who are murdered are from foster care that tells us something. So you can start by focusing on foster care. You can make a conscious effort to bring people into your system who are aware of these issues.

If we do not do this, we will only be diverse in food. We should not have to import our middle class. We should create a middle class, but grow it from within this city.

Mental health is an issue in every aspect of our society. It's how we are dealing with the mental health services and integrating them. Include people into your life and your conversations.

Mr. Keys: Supervisor Maxwell, it's a pleasure to have you here. I had the opportunity to tour District 10. I went to the Boys and Girls Club right above the shipyards. There was a certain element on one side and kids trying to go into the club and enjoy themselves on the other. An idea came to me that there are some private donors who are looking for something to do. Maybe they could provide a good hot lunch to these kids. Perhaps they could fund a program to mentor the kids. That might bring other kids in. Is there any way to get a committee or help the Mental Health Board look into this?

Supervisor Maxwell: I think the Mental Health Board should look into mental health issues. Of the young men who are now dead, 60% were in the mental health system. When there's a tragedy the kids in our schools don't get a lot of help. We need advocates.

We're about to get the national Boys and Girls Club involved. We're working with the corporation that owns the housing. We were able to sue them and have mitigations of about a million dollars. We're going to have a state-of-the-art Boys and Girls Club.

We've been working on the police to go across the street and make sure the kids are not intimidated by guys hanging out. You go stand there, so the kids will be okay.

Many of these young men have mental health issues that have never been addressed.

Mr. Keys: If I heard you correctly you're saying you need people in the schools.

Supervisor Maxwell: We need people like you on the MHB to make some noise about this and bring attention to this issue.

Mr. Keys: We talked about this on our retreat. We go into programs to look at the services. Maybe we can include schools.

Supervisor Maxwell: I would also talk to DPH and to Trent Rohr about what they are doing in the Bayview. Over 100 people were murdered in our streets just last year, mostly young African American males, and so many people have been affected by that. If you are the Mental Health Board then you need to speak up and talk about mental health. You need to do that.

Come in and do a presentation at a Board of Supervisors meeting. You could help. You could help me.

There is a trauma care center out on Bryant. They are having difficult times. Come when we are holding hearings on the issues. You can come and talk about mental health. I need your help. We need to talk about this city and how we are dealing with our children.

You don't kill someone without remorse and not have problems. You need to strategize on five or six things you're going to do and make a difference. You have a Supervisor here, Bevan Dufty who is so fabulous, and who is a tremendous resource. I say to you there is energy here, and there is definitely a need. And you are the people to help do that.

Dr. Moses: I want to commend you for the wonderful job you have been doing since you were elected. You are my homegirl. I live in your neighborhood. Even before you were sworn in, we had a meeting at your house. Lynn Westry was there, and we talked about instant help for crisis response. There are shootings in Bayview all the time and we need to make sure that the parents of the victims get instant help.

Supervisor Maxwell: To some extent they are doing that. I went to the hospital after a shooting and the mental health team was there, but when it comes to the budget they are getting cut. Why aren't they valued more? Why aren't they paid overtime? Lynn Westry and I are supposed to be meeting with the Mayor soon to talk about this.

Dr. Moses: What can we do to help the grandparents who are caretakers. Almost 80% of people in Youth Guidance Center are from Bayview, and they don't have parents, but they have grandparents. What can be done to support those grandparents? You are a very dedicated grandparent. I hope Bob Cabaj is following up on this.

Supervisor Maxwell: Again it gets back to the safety net and it comes with foster care. Grandparents are put on the spot. The kids are 2 or 3 years old, but don't realize it's forever. And when the kids become teenagers and the grandparents are quite old. It gets into Trent Rohr and that system.

Dr. Moses: A couple of meetings ago, two people from the Health Department talked about the money poured into the Bayview Hunters Point, but by the time the clients arrive the money is gone. Money is pouring in but the services are not being provided.

Supervisor Maxwell: The money comes in our name, we've gotten so much money for AIDS for black women and children, but where does the money go? I've had hearings on it. It's something we have to continue talking about. And when there are hearings, you come and raise this issue. We need it to come from all sides and everywhere.

Supervisor Dufty: I want to say how great my affection and respect is for Sophie Maxwell. We sit next to each other. We're close to each other. The needs far outstrip the resources. My district has one of the lowest rates of homicide, but I joined her violence panel.

I want to say for the Mental Health Board, this has been a very successful year in terms of Proposition 63, although we are underwhelmed by the amount of money being allocated by the State. But there was a very good community process. My issue has been crystal meth, and we've had a hearing about that at the MHB. And I'm concerned about LGBT services.

We are bringing in programs from the DAs office. Latifah Simon, who was a MacArthur fellow, is the director of re-entry programs for Kamala Harris. Just last week we got 50 free gym memberships for the participants. This is for people who are there on their first time arrest on a first time drug selling offense. These young people are entrepreneurial. They can use their abilities for positive things. We are focusing with them on health and wellness. It may be useful to have the DA and Public Defenders Office expunge records so these young people can get back to work. This is a good thing to start with.

The likelihood is that if these young people do not get on the right track they will become statistics.

Have you talked about the new Wellness Center?

Supervisor Maxwell: I haven't mentioned it yet. What I have been asking for help on is with foster care. We want to get to them before they have to get to re-entry. We have more control over them in foster care because they're already in our system.

Supervisor Dufty: I've been working with Family Builders By Adoption. They have a gay and lesbian focus. They have done a really good job. I have come in contact with kids who have been adopted and the extent to which these kids need mental health services. The parents needed consultation, but if it works, adoption is so much better

than foster care. We're seeing in the LGBT community a tremendous amount of interest in parenting. And I think this community is a great resource.

Supervisor Maxwell: I think we need to look at our systems. What we found at SFGH is that there was built in racism in our system. If 60% of the young men who have been killed overall have been in foster care, they might have done just as well with their parents. I don't know what we've done that's so great. When they are in foster care, they are in our care. We are providing services.

I don't think orphanages are the worst thing in the world, because there is a standard. What is the standard of care in foster homes? Fifty percent of our kids are placed outside of San Francisco. So how many of her kids can a social worker see in the course of a day if she has to travel so much?

If they were at Edgewood, which used to be an orphanage, we'd know what was happening with our kids. We'd be able to wrap services around them. I think about these things, because the murders last year involved 60% foster care. If there is something you could do to help it would be to improve these services.

Dr. Cabaj: There's been a lot of focus on this. We're re-grouping the violence response team and doubling it. We're calling it the Mayor's Response Team. It will increase the work of what Lynn and others are doing. Of our initial funding for the Mental Health Services Act, 20% will go to violence response and violence prevention and we're focusing on the Bayview Hunters Point. We're working very closely with the Probation Department. We're looking at innovative ways to help keep kids out of criminal justice. Perhaps changing probation officers for social workers. We're hoping to present these as new budget initiatives.

Supervisor Maxwell: With the new school mergers and closures, the Youth Commission had the idea to move all the county schools up to the School of the Arts. SOTA is right across the street from YGC. Why not put those kids at SOTA so they know their probation officers will know easily if they are in school or not. That is something you could advocate for. We're putting our resources all together. And why not give these kids a beautiful place to be for a change, so they are not in the Tenderloin and not on Mission Street. Why not do something like that? I'm trying to push that. Give them a place where they are wanted and can be cared for.

They want to put them on Potrero Hill. There will be problems with neighbors and there is no transportation there. Why do that?

1.2 Discussion of Board responses to the presentation.

Mr. Purvis: What flexibility is there in the budget to respond to this need?

Dr. Cabaj: My theory is to go where the need is rather than what's been convenient, so the budget should be flexible.

Mr. Medema: The base thing I think we can do, and the Board should do a whole lot more of, is make a lot more noise. I've had Rich and Helynn write things for me. This Board needs to be doing more op-ed pieces and presentations at the Board of

Supervisors meetings. At this point we need to make noise and make it loud.

Mr. Keys: I agree with Michael. What we spoke about at our retreat was this very same thing. We should go out to schools and review the counseling system and review what's going on with students and take this back to the Board of Supervisors.

Ms. Walker: I understand that the Mayor writes a draft budget and sends it out to everybody. When does the draft budget come out?

Dr. Cabaj: We start submitting ideas now. It is presented by the Mayor on June 1st, then it goes to the Board of Supervisors.

Ms. Walker: To be most effective, it has to be presented now. I think we could go to the Budget Committee of the Board of Supervisors. And second, send it on to Dr. Cabaj.

Dr. Shukla: I really like the idea of helping Bayview residents to tap into resources already available in the system. Like hospitals where kids present to trauma centers, help them tap into counselors there. Maybe resources are not known. I think there's a lot out there that's not being used. We could survey what resources are available. and connect up with places where the problems are occurring.

Ms. Lebish: I was very impressed by a lot of what Sophie Maxwell presented. She gave us a lot of options. But initially she said, I'd like you to pick two things to focus on. And I think we should do that, otherwise we're spreading ourselves too thin. At the same time there are some rapid fire things we can do. When there is an occurrence of violence, a couple of us could fire off a letter to the editor.

Ms. Brooke: We might bring the department that handles all the of the foster care in and question what are they setting up for mental health services. What's happening for kids before they develop serious mental health issues.

1.3 Public Comment

Mr. Kalman: Therapeutic recreational programs are needed. We should get knowledge from Boys Clubs, and see what programs they have because half of their programs are recreational in nature. But most importantly, we need a nice place where the children can feel safe and can have easy access. What I see is more should happen in combination with the Recreation and Park Department because this is their mandate. This is nothing new. I bring this issue up over and over, and I've presented it to the Rec and Park Commission. I think it's a crime the way we are treating these children and youth right now.

2.0 DIRECTORS REPORT

2.1. Report from the Director of Community Behavioral Health Services

Dr. Cabaj: The budget seems a bit better than last year. Michael Medema has been working with us on the budget and will be part of an upcoming community meeting.

I just heard that the shortfall might be less than \$80 million, which is better than what we thought. The Mayor is talking about possibly increasing the hours of services.

We've been asked to examine structural issues. We've been advised to ask contractors to submit what they actually need in terms of the cost of doing business. We sent out a survey to contractors. There may not be a blanket increase, but rather different increases for different contractors depending on need. Just fixing our structural issues is a major challenge, like the \$20-30 million increase due to union raises.

We've been asked to consider a 3% contingency cut, in case that's needed.

Part of the reason the budget has not been so bad is that there's been unexpected revenue at SFGH and Laguna Honda. This may reverse history. Usually community programs bring in revenue and help out the institutions.

On Tuesday, January 17th, a group of us are going to the Sacramento to meet with the State Department of Mental Health to defend our Proposition 63 plan. Preliminary discussions we've had are encouraging. They said it's the best written plan in terms of the form and responding to all their questions.

Alice Gleghorn, has just been named as deputy director of CBHS. She's in charge of our grants, research, and evaluation unit. She will join us in our Sacramento meeting and she'll be the one in charge of getting the funds into actual use.

The State said that ours was one of the first Executive Summaries they saw and it was excellent and they said they should have required it of everyone.

Mr. Keys: On February 11th, The Department of Public Works (DPW) is going to have their clean team go out throughout District 6, Chris Daly's district, to start cleaning up. The idea came to me that this could be an excellent opportunity for Project Connect to go with volunteers to some of the major hot spots to make contact with the homeless population and offer services.

Dr. Cabaj: I meet every week with the head of DPW. The ongoing service provided by DPH is the Homeless Outreach Team. Project Connect happens only every other month. So we'd have to look to the Homeless Outreach Team for something like that.

Mr. Keys: I find that the Homeless Outreach Team is overworked and understaffed.

Mr. Medema: When I heard you responding to Supervisor Maxwell's comments you were talking about programs strategies.

Dr. Cabaj: We're just starting to put those out. If you have ideas I'd love to hear them.

Mr. Medema: How can the MHB be in the know about those things as they are coming down the pike, rather than after the fact? It would be good for us to meet with the Mayor and the Supervisors and say Dr. Cabaj is putting this new program forward and we support it.

There haven't been a whole lot of new initiatives because there hasn't been a whole lot of money in the past, but now how can we be involved from the beginning?

Dr. Cabaj: Barbara Garcia is setting up the community partners structure and you're invited to that. But if you have new ideas, please forward them to me right away.

Mr. Medema: Maybe the Board could do a letter of congratulations that could be given to the graduates of the AB 2034 Program.

The monthly Director's Report was distributed:

FY 06-07 Budget. Fiscal year 06-07 budget instructions were released by the Mayor's office last December 6. Although the outlook is much better than previous years, the City is still required to close a projected shortfall of \$80 million. This shortfall assumes pick up of civil-service employee's share of retirement contribution, but no wage increases projected from labor contracts scheduled for negotiations this year. This 06-07 fiscal picture will be impacted further by budget decisions at state and federal levels.

Department of Public Health (DPH) is in the process of identifying internal, unavoidable cost increases expected for 06-07. DPH will also consider the level of these kinds of cost increases for contractors, and will implement a case-by-case approach to providing cost of living increases to contractors based upon their individual circumstances. In this regard, DPH Community Programs is surveying individual Community Program contractors to determine the extent of unavoidable cost increases that contracting agencies expect to incur in FY 06-07. A cost survey has been sent to Community Program contractors, and the deadline for returning completed surveys via e-mail to Duane Einhorn, CBHS, at duane.einhorn@sfdph.org, is January 26, 2006. For questions, please contact Duane Einhorn at (415) 255-3471. (The survey focuses only on cost data funded by DPH General Funds. This exclude grants, work orders, Short-Doyle and Drug Medi-Cal, CARE, CDC, and Project funding. The survey instructions mailed to contractors contains further details.)

CBHS meets with DMH on MHSA. The San Francisco Program and Expenditure Plan on how to use the monies assigned for clinical services (Community Services and Supports [CSS]) under the Mental Health Services Act (Prop 63) will be defended on Tuesday, January 17 by CBHS staff in Sacramento. The review of San Francisco's Plan will be conducted by a panel of consumers and county-knowledgeable professionals convened by the California Department of Mental Health (DMH). The panel then recommends the Plan (after asking CBHS for changes or clarifications) to the Director of DMH, Dr. Steve Mayberg, and with his approval, the monies will be released to be used as described in the Plan.

From San Francisco, Barbara Garcia, Deputy Director of DPH and Chair of the San Francisco MHSA Planning Task Force; myself; Edwin Batongbacal, Director of CBHS Adult and Older Adult Systems-of-Care; Sai-ling Chan-Sew, Director of Children, Youth and Families System-of-Care; and Alice Gleghorn (who will be responsible for setting up the programs in the Plan, and overseeing the evaluation of the new services) will take the trip to Sacramento to discuss the Plan with the state. Preliminary feedback on the Plan has been quite positive, but a number of specific details will have to be discussed with the state. CBHS expects to receive over \$5.3 million in new clinical

services monies (which includes some support for necessary administrative oversight). The monies may be available by March 2006 if the plan is approved, and services will be provided by a combination of civil service and community based organizations to be determined by an RFP process.

Comings and Goings. The last couple of months have been particularly busy with new staff joining CBHS, and some leaving:

Following a nationwide search, Rod Libbey was selected as Walden House's new CEO. Rod began his career in the alcohol and drug treatment field in 1972, and was Contra Costa County's drug program administrator in the early 1980's. He later developed Bank of America's state of the art employee assistance programs. Rod has been Chief Administrative Officer at Walden House since March 2004.

Jacob Moody has been named Executive Director of Bayview Hunters Point Foundation for Community Improvement. Jacob was previously northern California lead program officer for the California Endowment, and Director of Balboa Teen Health Center.

Congratulations, and welcome, to Rod and Jacob!

Blanche Korfmacher and Ladonnis Elston have both recently retired from their positions as Assistant Directors of CBHS Adult and Older Adult Systems-of-Care. They will be sorely missed.

Blanche provided leadership in behavioral health services and advocacy for over 37 years for individuals with mental illness in San Francisco, and has led CBHS in the development of homeless, and recovery-, peer-oriented services.

Ladonnis provided years of leadership in the development of culturally-competent behavioral health services, particularly for the African-American community in San Francisco, and services for individuals dually-diagnosed with mental illness and developmental- and other disabilities.

Best wishes to Blanche and Ladonnis as they embark on their much-deserved retirement!

I am pleased to announce the appointment of Fawn Downs, LCSW, as the new Program Director for Comprehensive Child Crisis Service (CCCS). Fawn has been the assistant director at CCCS since 1999, supervising the delivery of crisis response, psychiatric emergency evaluation, and inpatient hospitalization for children and youth under the age of 18. In addition, Fawn has been supervising the start-up of the Multisystemic Therapy (MST) teams. Prior to coming to Child Crisis, Fawn worked at Special Program for Youth, Alameda County Department of Social Services, and the Mount Sinai Medical Center in New York.

The new management team for CCCS is now comprised of Fawn, Rita Perez as Assistant Director, Dave Chu as the new Team Supervisor, Stephanie Felder, and Alex Chen. In addition, Julian Philipp, MFT, will join the staff as supervisor of the MST team. Please join me in welcoming this new CCCS management team.

A special thank you to Rita for stepping in as the interim acting director for the program during the past months, and doing such a fabulous job in stabilizing the program during this transition.

Roban San Miguel has left her position as the Director of the Family Mosaic Project to take up another position within DPH. We will miss Roban, and wish her the best in her new endeavor. Alicia Joseph is the interim director for FMP while recruitment for a new director takes place. Alicia has been a supervisor at FMP for a number of years, and brings with her a wealth of knowledge about wrap-around and intensive case management services.

CBHS Program News:

TAP MOVES - Treatment Access Program, a division of the Department of Public Health, Community Programs, Community Behavioral Health Services, Placement Division has moved from its former location at 1663 Mission Street to 679 Bryant Street, San Francisco, CA 94107. TAP's phone number is: (800) 750-2727

PLAZA HOTEL OPENS - Another Direct Access to Housing facility has opened in San Francisco with 106 new studio units coming on line at the Plaza Hotel, on Howard & 6th Street. The targeted clients are chronically homeless people with a variety of special needs, including up to eighteen Targeted Case Management patients from Laguna Honda Hospital, many in wheelchairs. The units are expected to be filled by mid-January.

Mental Health Board Recruitment. The Mental Health Board is looking for new members to represent the diversity of San Francisco. A family member seat in the Board is currently open in which is for a spouse, parent, partner, children, or sibling of a current or former client of a public mental health system. (The Board is especially looking for family members to represent the Latino community.) Future membership openings are for consumer, mental health professional, and public interest seats. Mental Health Board members are appointed by the Board of Supervisors. To be considered for an opening you have to be a resident of San Francisco, a citizen of the United States, 18 years or older, and not be working for the mental health service system. For information about applying, please call Helynn Brooke at (415) 255-3473, or Rich Snowdon at (415) 255-3474.

Other Upcoming Events:

MENTAL HEALTH EDUCATIONAL FORUM - Learn more about the mental health system in San Francisco and how you can influence the services offered. Attend the informational forum on Thursday, January 19, from 10:00 am - 3:00 pm, at Centro del Pueblo, 474 Valencia St., sponsored by the California Outreach and Education Collaborative (COEC). This forum has been developed specifically for Latino(a) communities, and will be presented in Spanish. For more information, and to RSVP, call (415) 421-2926. (COEC is composed of California Network of Mental Health Clients, National Alliance on Mental Illness, United Advocates for Children of California, Mental Health Association in California, and local chapters of these organizations.)

MHA TENANT LEADERSHIP TRAINING - Starting on Tuesday, January 24, the Mental Health Association of San Francisco (MHA), with assistance from other housing, service and advocacy organizations, will present a 7-week Tenant Leadership Training series to assist tenants living in supportive housing to develop and strengthen their leadership skills. This Tenant Leadership Training has been held regularly for over 10 years and previous tenant graduates are involved in planning and presenting the upcoming training. Space is filling up fast, please register ASAP. To register, go to: <http://mhasf.org/documents/TLTFlyerandRegistrationForm.pdf>

The training will be held every Tuesday evening, 5:30 to 8:00 pm, starting January 24 through March 14, 2006. (There will not be a class held on February 14). A light dinner will be provided at each session. For more information, contact Alecia Hopper at (415) 421-2926 ext. 302 or alecia@mha-sf.org

1st AB2034 CLIENT GRADUATION - The AB2034 mental health program for homeless mentally ill individuals will hold its first-ever celebration of clients successfully graduating through their services on Wednesday, January 25, from 11:00 am to 1:00 pm at the Hiram Johnson building (San Diego Room), 455 Golden Gate Ave., SF. For more information, please contact AB 2034 Program Director, Natasha Hamilton, at (415) 836-1764.

ADP AUDIT VISIT OF CBHS - On Tuesday, January 31, California Department of Alcohol & Drug Programs will conduct its regular annual all-day visit with CBHS to conduct a monitoring review of the substance abuse services they fund through CBHS in San Francisco. CBHS central administration staff, led by AOD Administrator Jim Stillwell, will meet with the ADP staff.

NEXT PROJECT HOMELESS CONNECT DAY IN FEBRUARY - The next PHC Day is Thursday, February 16, and DPH employees are encouraged to volunteer. Information about PHC is available online at: <http://www.projecthomelessconnect.com>. Since its inception in October 2004, 8368 clients have been served at one of the bi-monthly PHC days. For CBHS, this includes:

- 580 referred to mental health and substance abuse treatment, and
- 443 received methadone detox

Every other month, almost 200 non-profit agencies and private businesses join over 1,000 volunteers to assist 1,000+ homeless San Franciscans connect to the city's health and human service system. Mayor Gavin Newsom has also challenged the private sector to raise \$5 million matched by City government to go directly into increasing supportive housing for the homeless.

2.2 Public comment relevant to Item 2.0
There was no public comment.

Item 3.0 ACTION ITEMS

3.1 Public comment relevant to Item 3.0

There was no public comment.

3.2 Resolutions

3.2a RESOLUTION (MHB-2006-01) Be it resolved that the minutes of the Mental Health Board meeting of November 9, 2005, be approved as submitted.

(Passed unanimously, except for Mr. Medema who voted no because he was not at the meeting.)

3.2b RESOLUTION (MHB-2006-02) Be it resolved that the notes of the Mental Health Board Retreat on December 3, 2005, be approved as submitted.

(Passed unanimously, except for Mr. Medema who voted no because he was not at the meeting.)

4.0 MENTAL HEALTH BOARD PRIORITIES FOR 2006

4.1 Public Comment relevant to Item 4.0

Mr. Kalman: I think a fourth priority should be added: "4. Develop new partnerships with other agencies in the city in order to collaborate on mental health issues, including recreational programs with the Recreation and Parks Department.

4.2 PROPOSED RESOLUTION

Dr. Turner: In terms of the three goals we have, I'm wondering if there's any discussion?

We worked very hard on the language of these goals, but I would like to make a suggestion, one that Emeric just brought up, in terms of collaboration. It's important to go outside the mental health community. And if you look at the list of the organizations we put down at the Retreat, they included groups outside of the mental health community. We could just take out the words "mental health" in goal number one.

Mr. Purvis: I think the priorities fit into the discussion we had tonight. I think they're good.

AMENDMENT: That the words "mental health" preceding the word "organizations" be removed from the first priority. (Passed unanimously.)

RESOLUTION (MHB-2006-03) Be it resolved that the following priorities be adopted by the Board for 2006:

- 1. Develop new partnerships with other organizations in order to collaborate on mental health issues.**
- 2. Lead and participate in education and advocacy efforts in identified legislative areas.**
- 3. Provide education to San Francisco organizations and the community about critical mental health issues. (Passed unanimously.)**

Item 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board on Robert's Rules
I always used to think of Robert's Rules as Robert's Annoyances. But what I learned in reading this book is that they are really there to protect our rights. They protect the right of the majority to decide, the right of the minority to be heard, and the rights of the individual.

They are based on the rights of the group as a whole, the rights of subgroups, and the rights of individual members. But the rights of the group take priority.

If a proposed resolution is on the full board agenda, then it does not need to have a motion and second at the Board meeting, because it has already been moved and seconded in the Executive Committee. So at the Board meeting, 1) the Chair reads the resolution 2) the Board members discuss it, and 3) the Chair calls for a vote.

The purpose of an amendment is to perfect a resolution. In a Board meeting you are voting on the amendment for the first time, so then you need to have a motion and a second, and then a vote. If the motion passes, then you return to voting on the resolution with the amendment included. If the amendment doesn't pass, then you return to voting on the resolution without the amendment.

The main thing to get, is if you don't know what the Robert's Rule for something is then simply tell the Chair, "I would like to do X. How do I do that under Robert's Rules?" Then the Chair and the Executive Director will give you the procedures to use. Always feel free to ask.

Ms. Walker: Could we have one copy of the complete Robert's Rules, since this is abridged?

Ms. Brooke: We do have a copy of the complete Robert's Rules in the office and you're welcome to read through that if you like.

5.2 Report of the Chair of the Board and the Executive Committee

(All items in this section will be referred back to the Executive Committee for action.)

5.2.a Discussion regarding preferred location of Mental Health Board meetings.

Mr. McGhee: I thought we had discussed this and voted on it that we would make the move to City Hall for all the reasons Sophie Maxwell mentioned, to be in a place that will allow us to bring people in, like the Supervisors. I thought we already decided this as a Board. When I met with Sophie and Aaron Peskin, they both indicated to me that they thought we should be over there.

Ms. Brooke: Room 421, that small room, is the only room available at City Hall. That's why we also tested out Room 300 at 101 Grove Street in November. It's right across from City Hall, so it's still very convenient for Supervisors.

Mr. McGhee: I think 101 Grove is fine for what we'll be doing in 2006. If that small room at City Hall is the only room, then that's not going to work. Aaron Peskin said that he would work with us.

Ms. Brooke: The problem is that the other commissions which meet in City Hall are about 5-7 members. At 101 Grove we can bring in extra chairs. Supervisor Peskin offered to help, but there isn't a room that will work for a large commission like ours.

Mr. McGhee: Then obviously the next avenue is 101 Grove.

Dr. Turner: Is this Board ready to go to 101 Grove next month? Hearing general consent and no objections I will take this back to the Executive Committee to make it final.

5.2.b Discussion regarding the Mental Health Board seeking status as a Commission.

Dr. Turner: Los Angeles County has a Mental Health Commission rather than a Mental Health Board. This is permitted under state law. The next step would be for a Supervisor to put us forward as a commission and we can ask Bevan if he would be willing to do that. Hearing general consensus and no objections I will take this back to the Executive Committee.

5.2.c Discussion regarding committee structure and focus.

Dr. Turner: We're thinking of beefing up the Executive Committee membership by having Chairs and Co-Chair for our committees. Then they would become part of the Executive Committee.

We talked about having two additional committees: 1) Legislative/Budget and 2) Public Relations.

Mr. McGhee: I think you have to be careful about how you structure your Budget/Legislative committee, because they are two different things. Helynnna was adamant about not having a lot of committees, because in the past people didn't come. We want to have committees that meet their directive of what they should be doing. The Budget Committee needs to stand alone. And your Legislative Committee needs to stand alone. To have those two combined you're asking for disaster. I've never ever seen that done anytime, whether city, state or federal.

Ms. Walker: We don't need staff for our committees.

Mr. Medema: I have felt from the beginning that the Budget Committee needs to be a strong entity in and of itself. In San Francisco, the budget cycle is a 12-month cycle. It's nonstop. I think to ask people serving on the Budget Committee to also do legislation is too much. Ideally, the Mental Health Board Budget Committee should be involved with the Health Commission and their Budget Committee, as well as with the Board of Supervisors and their Budget Committee. In addition we need to be working with Edwin, Barbara, and Bob. To throw legislation into that seems chaotically confusing to me. If someone has a different opinion that's great. The budget is such an overwhelming thing.

Dr. Turner: We've got services and programs, budget, legislation, Executive, and PR. We could end up with four committees plus the Executive Committee. That would mean everybody has to be committed to coming out three nights a month--to the full Board meeting, to a committee, and then some of you to the Executive Committee. How we divide things up is really up to us. I tend to agree with Helynnna that three committees total is as much as we can do.

Mr. Medema: I think it depends on participation level of the Board.

Dr. Shukla: I'm reading a book right now call *Death by Meetings*. Even if we had the energy and drive to meet three times a month, I'd rather be out making noise, doing things in the community.

Mr. McGhee: Seventeen people are not going to show up in the community at the same time. I sit on a State Board of eleven people and we have seven committees, and they are very active. Our agendas are four pages long, and we accomplish everything. If we get people involved in areas they are truly interested in they will show up.

Mr. Medema: I want to go with what James is saying. I would look at something like the Health Commission or Police Commission that are made up of much smaller numbers than we are and that have more committees. If we are looking at becoming a Commission, we'd do that to have more oversight and more involvement in the way things are done in mental health. It won't be as informal as we have been till now. As we talk about the Board changing, we're going to have to look at this issue.

Ms. Kellum-King: We all function at different capacities. I sit on the Board because of my son, I'm a family member, but if my son is in a crisis, I am not going to have the same level of involvement. I joined the Board to help people with mental health issues. Some people sit on the Board as consumers. We go through different trials in life.

Mr. McGhee: On any Board you have people who are very involved and others who are not as involved because of their schedule, that's just a normal thing. You will be as involved as your schedule allows you to be.

5.3 Nominating Committee report on proposed candidates for officers for 2006-07.

Slate of candidates:

For Chair:	Rebecca Turner
For Vice Chair:	James McGhee
For Secretary:	LaVaughn Kellum-King

Dr. Turner: The election will be held at the MHB meeting on February 8th. Nominations will also be taken from the floor.

Ms. Walker: I'd like to inquire about the Nominating Committee. I assume that it was appointed by the Executive Committee. I think our structure is more autocratic than democratic.

5.4 Report by Budget Chair

Mr. Medema: Helynnna mailed out the Mayor's budget instructions and the City's budget process to you so you have a time frame of when things will be happening in the budget process. Barbara Garcia will be having another one of the community budget meetings probably in the next month.

Better news for this Board is that Supervisor Dufty has been appointed Co-Chair of the Finance Committee which should help us get information easier, quicker, better. At this point there is no real budget information except that the shortfall projected is less than it was the last three years. As we come to important meetings, I'll keep everyone posted.

Dr. Turner: Michael, thank you for initiating the Budget Committee and getting it going.

5.5 Report by members of the Board on their activities on behalf of the Board.

Ms. Kellum-King: NAMI provides classes on dealing with mental illness in the family. It's a 12-week commitment at Kaiser. It's free and the material is free. It will help you understand family members. I'll be one of the instructors.

Mr. Purvis: The NAMI walk is coming up in June this year. The planning is underway.

Mr. Medema: The last two months I've been focused on family, and thank you to everyone who called me, and it's great to be back.

5.6 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. Medema: I want to reinforce the suggestion of sending letters to the graduates of the AB 2034 program. I'd like that to be something the Board supports us doing.

Ms. Lebish: I have more questions for Sophie, including questions on substance abuse.

Ms. Brooke: I can connect you with her office so you can ask those questions.

Mr. Keys: I would like to see the MHB possibly take a field trip to a center or somewhere where our services might be needed and perhaps write up a report to take to the Board of Supervisors. I've heard some real horror stories lately. I've done some checking on the Plaza Hotel on my own and called staff about it.

5.7 Public comment relevant to Item 5.0

There was no public comment

6.0 PUBLIC COMMENT

Mr. Kalman: I'm suggesting to the MHB to get more public attention. I think you should ask the Chief of Police to talk about what's going on, and how the police are treating the homeless and the homeless mentally ill. We should talk about not criminalizing the homeless mentally ill. One third of homeless have mental illness and one third have drug abuse problems.

The Mayor's volunteers don't do too much, they just meet once a month or every two months. If you just go out and take a walk, you can see out on the streets lots of human misery. It's a very serious problem. And related to the same thing. Why do you think

the coroner's office is not issuing any more reports about how many homeless are dying on the streets? The bureaucracy doesn't want to make it known how serious the problem is.

Let's invite the Chief of Police here and then the press will come.

The meeting room for the MHB is very important. At Grove Street there is not enough light and it's late in the evening. I would like a more friendly room, with lots of light, good acoustics, and more comfortable chairs.

There being no further business, the meeting was adjourned at 8:45 p.m.



SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, February 8, 2006
101 Grove Street
3rd Floor, Room 300
6:30 p.m.

PLEASE NOTE: THIS MEETING IS BEING HELD AT
101 Grove Street, Room 300

CALL TO ORDER

DOCUMENTS DEPT.

ROLL CALL

FEB - 6 2006

AGENDA CHANGES

SAN FRANCISCO
PUBLIC LIBRARY

Item 1.0 PRESENTATION: Aaron Peskin, President, San Francisco Board of Supervisors

For discussion.

02-J1-00A10 10:00 AM

1.1 Presentation

1.2 Board discussion of possible Board responses to the presentation.

1.3 Public comment relevant to Item 1.0

Item 2.0 DIRECTORS REPORT

For discussion.

2.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

2.2 Public comment relevant to Item 2.0

Item 3.0 ACTION ITEMS

For discussion and action.

3.1 Public comment relevant to Item 3.0

3.2 Proposed Resolutions

3.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of January 11, 2006 be approved as submitted.

3.2 b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board will have its regularly scheduled monthly board meeting in Room 300, at 101 Grove Street.

3.2 c PROPOSED RESOLUTION: Be it resolved that the Mental Health Board will take all necessary steps to become the Mental Health Commission.

Item 4.0 RESOLUTION ON VIOLENCE IN THE BAYVIEW

4.1 Public comment relevant to Item 4.0

4.2 PROPOSED RESOLUTION: Be it resolved that violence prevention and the mental health consequences of violence are a priority.

Item 5.0 ELECTION OF OFFICERS FOR 2006/07

For discussion and action.

5.1 Public comment relevant to Item 5.0

5.2. Election: The Nominating Committee selected Rebecca Turner, Ph.D., Chair, James McGhee, Vice Chair, and LaVaughn Kellum King, Secretary. Nominations can be made from the floor.

Item 6.0 REPORTS

For discussion and possible action.

6.1 Report from the Executive Director of the Mental Health Board

6.2 Report of the Chair of the Board and the Executive Committee.

6.3 Report by Budget Chair

6.4 Report by members of the Board on their activities on behalf of the Board.

6.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

6.6 Public comment relevant to Item 6.0

Item 7.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
2. Meetings are held at 101 Grove Street, (corner of Polk and Grove Streets), in Room 300. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 14 Mission. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
3. The main entrance to 101 Grove Street is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Polk Street.
4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Ms. Hall, or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine.htm

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics.

SAN FRANCISCO MENTAL HEALTH BOARD



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**MENTAL HEALTH BOARD
ATTACHMENT A
February 8, 2006**

PROPOSED RESOLUTION (MHB-2006-xx): RESPONDING TO VIOLENCE IN THE BAYVIEW

WHEREAS, the Bayview community in San Francisco is suffering from a crisis of violence, including especially the murders of young men by young men, ages 17-24, and

WHEREAS, this violence is the cause of Post-Traumatic Stress Disorders in family members and young people in the community, and

WHEREAS, many people in the community are afraid to leave their houses at night, and witnesses to violence are afraid to give information to the police or to testify in court for fear of reprisals, and

WHEREAS, no community in a city like San Francisco, which considers itself enlightened and progressive, should ever have to live in such an atmosphere of fear, and

WHEREAS, it is known that 60% of the young men murdered have been in the City's foster care system and that 70% of the people in prison have been in foster care, and

WHEREAS, there is a high level of violence directed against homeless people many of whom are vulnerable due to mental illness and addiction, and

WHEREAS, in the words of Supervisor Sophie Maxwell, "People come from all over the world to San Francisco to be who they are, but our kids from the Bayview have to leave San Francisco to be able to be who they are," and

WHEREAS, as Supervisor Sophie Maxwell further states, "Racism has to be at the top of our priorities for change, because racism is a violent act, and neglect is a violent act," now therefore

BE IT RESOLVED, that the Mental Health Board urges Community Behavioral Health Services and the Department of Public Health to consider violence as a public health issue, as well as a criminal justice issue, and to place a top priority on services to prevent violence and to respond immediately to the needs of victims, the families of victims, and the families of perpetrators following an incident of violence, and

BE IT FURTHER RESOLVED, that the Mental Health Board recommends that violence prevention be treated as a top priority not only for new funding under the Mental

Health Services Act (Proposition 63) but for the base funding of Community Behavioral Health Services, and

BE IT FURTHER RESOLVED, that Community Behavioral Health Services continue to work with the Department of Human Services to make significant improvements in the foster care system toward the end of preventing violence, and

BE IT FURTHER RESOLVED, that the Mental Health Board commends the Mayor and the Board of Supervisors for the steps they have taken so far, and urges them to develop a total, coordinated, city-wide response along the lines of the Boston Strategy for Youth Violence Prevention during its best periods (www.bostonstrategy.com/), which would mean not just adding another program to the range of City services, but would mean changing the City's operating system with regard to youth violence prevention, and

BE IT FURTHER RESOLVED, that the Mental Health Board commends Supervisor Sophie Maxwell for her advocacy of violence prevention during the planning process for the Mental Health Services Act, with the Mental Health Board, and in the City in general, and for taking a clear and convincing stand for treating violence is a public health issue, and

BE IT FURTHER RESOLVED, that the Mental Health Board urges the City and County of San Francisco to take up the challenge issued by Supervisor Maxwell when she said, "I really believe this violence could be stopped overnight, and that the reason it continues is basically because of neglect."

SAN FRANCISCO MENTAL HEALTH BOARD

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
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www.sfgov.org/mental_health

UNADOPTED MINUTES

Mental Health Board
Wednesday, February 8, 2006
1380 Howard Street, Room 537
San Francisco, CA 94103
6:30 p.m.

DOCUMENTS DEPT.

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BOARD MEMBERS PRESENT: Rebecca Turner, Ph.D. (Chair); Benito Casados; Bob Douglas, J.D.; Supervisor Bevan Dufty; John Kevin Hines; James Shaye Keys; Claudia Lebish; James L. McGhee; Toye Moses, Ph.D., M.P.H.; Tom Purvis; Jagruti Shukla, M.D.; M.P.H.; Kate Walker; Lisa Williams.

BOARD MEMBERS ABSENT: LaVaughn Kellum-King; Michael Medema; Idell Wilson.

OTHERS PRESENT: Gabrielle Thompson; Emeric Kalman; Barry Eisenberg; Marnie Mendoza; Kevin Ledbetter; Helynna Brooke (MHB Executive Director); Rich Snowden (MHB Administrator).

CALL TO ORDER

The meeting was called to order at 6:38 p.m. by Rebecca Turner, Chair.

ROLL CALL

AGENDA CHANGES

Dr. Turner: Supervisor Peskin has not arrived yet. Dr. Cabaj is in Los Angeles, so there will be no director's report. Therefore, I'm proposing that we begin with Item 3.0, and return to Item 1.0 when Supervisor Peskin arrives. Then we'll continue through the agenda.

The Board unanimously agreed to the agenda changes.

1.0 PRESENTATION BY AARON PESKIN, PRESIDENT, BOARD OF SUPERVISORS

Item 1.0 was postponed.

2.0 DIRECTORS REPORT

Dr. Cabaj was in Los Angeles for a special meeting with the State, so there was no director's Report given at the meeting. The written Director's Report was submitted following the meeting and so has been attached as an addendum to the minutes, but is not an official part of the minutes.

Item 3.0 ACTION ITEMS

3.1 Public comment relevant to Item 3.0

There was no public comment.

3.2 Resolutions

3.2a RESOLUTION (MHB-2006-04) Be it resolved that the minutes of the Mental Health Board meeting of January 11, 2006, be approved as submitted.
(Passed unanimously.)

3.2.b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board will have its regularly scheduled monthly meeting in Room 300, at 101 Grove Street.

This resolution was tabled until the next meeting pending research on the additional \$1,000 of costs per year for security at 101 Grove.

3.2.c PROPOSED RESOLUTION: Be it resolved that the Mental Health Board will take all necessary steps to become the Mental Health Commission.
This resolution was tabled pending further research.

4.0 RESOLUTION ON VIOLENCE IN THE BAYVIEW

4.1 Public Comment relevant to Item 4.0

Mr. Ledbetter: Why is this resolution focused only on the Bayview and not the Tenderloin? I live in the Tenderloin and we've had murders and bomb threats and the violence seems to be escalating.

4.2 Proposed Resolution

Mr. Hines: I want to make sure that we know that violence in our neighborhoods includes suicide. This resolution just talks about murders in terms of I kill you or you kill me. But there are twice as many suicides as homicides in America and in San Francisco. That's why it's important to include it.

Mr. Keys: At last month's meeting, it was a privilege and an honor to have Supervisor Maxwell come speak to us. Word has come in that Supervisor Maxwell is making changes in her homicide prevention program, so I would like us to possibly table this resolution until we can get some more information about that. This is breaking news that happened as of 4 p.m. this afternoon.

Dr. Moses: I second that, and suggest that staff follow up with Supervisor Maxwell's position. Once all the facts are known then we can discuss this.

RESOLUTION (MHB-2006-05) Be it resolved that the Mental Health Board tables its motion on violence in the Bayview until further information is received from Supervisor Maxwell.

(Passed unanimously.)

Dr. Turner: We're talking about violence in San Francisco. But we were inspired to write this particular resolution in terms of the Bayview because Supervisor Maxwell spoke at our last meeting. We'll send this back to the Executive Committee to review it again.

Item 5.0 ELECTION OF OFFICERS

5.1 Public comment to Item 5.0.

There was no public comment.

5.2 Election of officers

The following officers were unanimously elected:

Chair - Rebecca Turner

Vice Chair - James McGhee

Secretary - LaVaughn Kellum-King

Item 6.0 REPORTS

6.1 Report from the Executive Director of the Mental Health Board

Ms. Brooke: We had another very successful Police Crisis Intervention Training. Tom Purvis, John Kevin Hines, LaVaughn Kellum-King, and Kate Walker participated in the training.

6.2 Report from the Chair of the Board and the Executive Committee

Dr. Turner: The Executive Committee decided this would be a good time for us to rejuvenate our relationship with the Board of Supervisors.

Supervisor Dufty: I just want to let you know that our Board President had something come up that he had to attend to, and he asked me to pass along his apology. He'd be glad to come to another meeting. I'm thankful for him appointing me Vice Chair of the Budget Committee. I will be able to represent mental health issues there.

Dr. Turner: If you would like to make a presentation, Supervisor Dufty, we'd appreciate it.

Supervisor Dufty: One of the major issues coming before us is certainly health care coverage. Supervisor Ammiano has set a forward-thinking agenda to mandate all employers with over 25 employees to provide health care. Mitch Katz is working on a defined-benefit plan which would be jointly financed by employees, employers, and the City. I think you'll see a supplemental that will come forward from the Mayor for a defined-benefit program. I think there is a great deal of potential here. I'm grateful to Tom Ammiano for pushing this issue, and now everyone is trying to figure out the right thing to do. I think if we can build upon our public health system, we can have a world class system.

I've been involved in the issue of crystal meth. We're finishing the work of our Task Force, and will be releasing recommendations. We'll be recommending friends and

family meetings to help support them. And we'll recommend a Crystal Meth Anonymous meeting.

I'm establishing a Task Force to look at creating a child and family service center in the Castro. The demographics in the LGBT community now to include children. In the Castro there is almost no child care. The Holy Redeemer building and the Levi Strauss building are possible locations. This will be a working group with a transparent process. The public can participate in it and can view documents on line.

We need child care and support services. Gay and lesbian people are adopting kids out of foster care, and it's important to provide support services for them. I want to build on this and see adoption agencies in the Castro instead of people having to go to the East Bay. I'm working to get more gay and lesbian foster parents. We have a lot of LGBT kids in our group homes. And often the basis of them being out of home is that their families have difficulty with the child being gay or lesbian. We've put together a community planning process.

I'm on the Golden Gate Bridge District Board. Supervisor Ammiano is taking the lead on developing suicide barriers that meet everyone needs. We want to stop the tragedy of losing people from the bridge. There's got to be a way to do this while maintaining the bridge as a icon that is known world wide. We're developing feasibility studies.

I'm grateful that this Mental Health Board indulges me, and allows me to drop in and out of your meetings. I'm looking forward to the opportunity to do something very exciting with our public health system and mental health should not get lost in the process. And I share your frustration with the delays in Proposition 63.

Dr. Turner: I appreciate you being here and talking about these issues. We want to know how we can partner with you and how we can help.

Supervisor Dufty: I'm a member of the Gun and Gang Violence Prevention Task Force. You can look at those hearings online and I welcome your input. I don't think we've hit our stride yet and I'd appreciate your input. And I think it's great that you are inviting members of the Board of Supervisors here.

Supervisor Dufty then had to leave and Dr. Turner continued: At the Executive Committee meeting we talked about our MHB committees and fleshed them out as to what mandate they would have.

One committee would be the Programs and Education Committee. We did not call this the Legislative Committee, because the MHB does not have a specific legislative role. But one of this Committee's mandates would be to track legislative issues, things like Laura's Law. The focus would be on developing new education activities. Another mandate would be to oversee our department's outreach to stakeholders.

These committee mandates are not set in stone. Each committee will decide what it's going to do within this framework.

The Budget Committee has been headed by Michael Medema. It's mandate is to track state and local budgets, to keep the board informed about budgetary issues, to help the Board with proposing resolutions regarding the budget, to help us with advocacy around the budget, and to serve as a liaison to the Health Commission and the Board of Supervisors.

The Executive Committee will now be made up of James McGhee, LaVaughn Kellum-King, and myself, as officers of the MHB, along with the chairs and co-chairs of the committees. This is a way to have a bigger Executive Committee. We also want to make sure that we have ethnic diversity and representation of family members and consumers.

Mr. Keys: Are we not going forward with a Public Relations Committee?

Dr. Turner: Public relations is absolutely in there in the Programs and Education Committee. We didn't create a separate committee, because we think all of these things have to do with public relations. And there are times when Budget Committee will involve public relations.

Mr. Hines: When will we be deciding on these committees and putting them together?

Dr. Turner: Immediately. Lisa has expressed interest in co-chairing the Programs and Education Committee. If you are interested in chairing or co-chairing, please let me know. I'm assuming that Michael will want to continue to chair the Budget Committee. It will be important for the chairs to set up those meetings, and then for other Board members to decide where they want to put their efforts and what they are most interested in.

Mr. McGhee: In the Executive Committee, do we vote on the restructuring of the committees?

Dr. Turner: Yes, absolutely, and since you will be new on the Executive Committee, you might have some new input on the structure of the committees.

I'm really wanting to develop leadership on the Board. I think when the committees weren't meeting during the last year or so, not enough people were able to be in leadership roles and with this new structure now more people can be.

Mr. Keys: Is there any committee that will be responsible for the recruitment of new Board members?

Dr. Turner: In the past the Executive Committee has done that. The Executive Committee in the sort of hierarchy of the Board is the top committee and the other committees report to the Executive Committee. The Executive Committee is responsible for Board issues and planning. In the past we have asked applicants for the MHB to come meet with us, and then we send applications to the Board of Supervisors. But the Board of Supervisors makes all the appointments; we don't. The Executive Committee will also be working on restructuring program reviews.

Ms. Walker: Do we recommend people to the Board of Supervisors, people to be on the Board?

Dr. Turner: We can say to them for example that African Americans are currently under-represented on the Board. Or we can remind them there is a vacancy.

Ms. Walker: What do we do to help them to make that decision?

Ms. Brooke: We do two things with regard to appointments. When there's a vacancy, the staff sends out notices throughout the city, to the press, and to the clerk of the Board of Supervisors who advertises the position as well. We send out packets to anyone who applies. Then we send all the applications of all of the applicants over to the Board of Supervisors. The only other thing we send to the Board of Supervisors is the current ethnic and diversity make up of the Board. State law requires that the make up of the Board represent the demographics of the county. But we don't send specific recommendations on individual applicants.

Mr. Casados: Why we don't we recommend individuals?

Ms. Brooke: Because we don't have that right.

Mr. Casados: But if we feel someone could benefit this group, wouldn't that be better to say that than to not say anything?.

Ms. Brooke: Board members could do that, but that's not something staff could do.

Dr. Turner: Board members can do that individually, but it's not something we would do as a Board.

Ms. Walker: Does that mean any Board member could send a copy of his application to all the Supervisors.

Dr. Turner: You absolutely have the right to tell any member of the Board of Supervisors that you recommend that someone would be a good Board member.

Ms. Walker: Why can't I get a copy of the application?

Dr. Turner: The MHB is providing the service to the Board of Supervisors. Applicants can submit applications directly to the Board of Supervisors or to individual Supervisors. Any applications that come to the Board, our staff submits to the Board of Supervisors.

Ms. Walker: Why not submit the applications to the full Mental Health Board?

Dr. Turner: We have been showing the applications to the Executive Committee. I have no problem sending the applications to the full Board.

Ms. Walker: My concern is not really for me. My concern is that applications be submitted to all 17 Board members. In the past, the Board of 17 of us voted on the applicants.

Mr. Casados: I would disagree with that, because you could end up getting a lot of anger if you voted in the public meeting.

Ms. Walker: That would be closed to Board members only.

Mr. Casados: We can't do that. These are public meetings.

Ms. Walker: Does that mean that everything that happens has to be open to the public?

Dr. Turner: Yes it does.

Ms. Walker: That doesn't include the Executive Committee meetings.

Dr. Turner: The Executive Committee meetings are open to the public. You can come to every Executive Committee meeting.

Ms. Walker: Does everything the staff does have to be in public?

Dr. Turner: The public has access to everything that the staff does.

Ms. Walker: I'm glad to hear that there's no secrecy.

Mr. Keys: I'd like to acknowledge the people here at the meeting. Thank you for coming out. We are going to be recruiting, and I know through my own experiences the *Examiner* is a nice paper to publicize in. The City has a wonderful website but it's difficult to navigate for a lot of people. It's difficult for people to find the openings. What new avenues can this Board look into for publicizing seats on this Board, so the Board of Supervisors can have a larger number of candidates? We can look into our local nonprofit free TV Station, Channel 26.

6.3 Report by Budget Chair

There was no report.

6.4 Report by members of the Board on their activities on behalf of the Board.

Mr. McGhee: There are several people to whom I've extended an invitation for them to come speak to us. There's a gentleman from Los Angeles who came before the State Board of Psychology. He is a psychologist and very involved in the Mission area in Los Angeles, which is like the Tenderloin district here. I invited him. We're going to visit their clinic there. So there might be some programs we can learn from.

Mr. Hines: I talked with Dr. Mel Blaustein. He would like to come to speak to us about the bridge barrier and suicide in general. He's head of psychiatry at St. Francis Hospital. He helped me when I was there, and he's an all around great guy.

I attended the Police Crisis Intervention Training. The police in San Francisco are really trying to put together programs so they can help the mentally ill people who come into their system, whether they arrest them or detain them or bring them in for questioning. They are working hard to train their police officers to accommodate people who are mentally ill. Let me say thank you for letting me be part of it.

Mr. Purvis: I want to second what Kevin said about the Police Crisis Intervention Training. I appreciated being part of it. It was the first time I was there. We talked with the police at lunch. Their morale is low and they feel they don't get respected.

Mr. Keys: Our police officers are doing a very good job of trying to work with the population they see come into their stations at any given time. Yet there are other city departments that could collaborate with one another a lot better. For instance the Rec and Park Department could work with the MHB better. Also DPH and DHS, could go out to the homeless encampments and give immediate services to the homeless who are out there. Perhaps this Board could put together an action plan to create a multi-department board or task force to go out and move on these issues and assist individuals who are homeless and have health concerns and help our police department and ultimately help ourselves.

6.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. Douglas: I'm concerned about the City program for In Home Supportive Services, which goes into people's homes to keep them independent, instead of them having to go into institutions. These people are now being given a deductible of income minus \$600. This penalizes people. I suggest the Board schedule a hearing on this. We have people going into nursing homes because they had too much income, which seems pretty horrible to me.

Also, I'm a member of the Commonwealth Club. I would like to suggest that we try to get them to schedule us for a presentation on the MHB. I can forward that suggestion since I'm a member. They have people speaking to the Club, like the President and Secretary of State, so we'd be in good company.

Mr. Keys: We could look into new avenues to inform the general public regarding seats on the MHB. Also the Board could assist me with some of the things I'm doing to create an Inter-Board Task Force to go out and visit the homeless.

Dr. Shukla: Supervisor Dufty mentioned changes regarding health coverage in the city, and emphasized preventive care. It would be good to find out if mental health benefits are included in this plan. Perhaps we could offer a statement on what we think ought to be covered.

6.6 Public comment relevant to Item 6.0

Gabrielle Thompson: I would like to address Item 6.5 where Kevin had discussed about the Police Department getting involved in mental health issues with those they come in contact with on a daily basis. That makes me very glad as a consumer to hear that.

I would like to know if the mental health department will be getting in touch with the Fire Department or rescue squad or paramedics who get to the scene first who make an evaluation to the police officer. I would like to know if it's possible to find out what the Fire Department, paramedics, and rescue workers are doing since they are often the first people to respond, and then they are the connection to the Police Department. As a consumer, I've seen it happen where they assume it's just that that person is drunk or

under intoxication, and they don't seek out whether the person has a mental health issue, and I think that needs to be addressed as well.

Sheldon Ciment: I have two schizophrenic daughters. I've interacted with the police and PES many times. My experience is a great deal of frustration on the part of the Police and Fire Departments and Mobile Crisis on getting help for people who are in need, because of how the legal system is set up.

This is the first Board meeting I've come to. I have a great interest in what you're doing. I find that the desperate need of the people you are to serve seems to be set aside for a lot of procedural things you go through at this meeting. I haven't seen a priority set on the desperate needs of the people you are to serve. I've heard Supervisor Dufty talk about gay issues, but I don't think he's dealt with someone in desperate need. I'd like to see the Board addressing the issue of people with desperate needs instead of procedural and political issues.

7.0 PUBLIC COMMENT

Barry Eisenberg: I'm here because I'm interested in a consumer seat or public interest seat on the Board. You could publish in the e-newsletters of the Supervisors, The information was incorrect apparently. I thought there were three openings instead of just one. I saw the announcement in Chris Daly's newsletter. I think Bevan has a newsletter, too. I'd like to know when the additional openings will take place. I'm unclear of the process of how the Supervisors appoint MHB members.

I read the resolution regarding violence. One has to wonder if these are just words, and where the action comes. I've been volunteering out in Bayview Hunters Point at the Idriss Stelley Foundation. I can't help wondering, Supervisor Maxwell's up for re-election and resolutions are nice, but what does it come down to?

Dr. Turner: It's in the Board's interest to seek out and recruit very interested and committed people to serve on the Board. We don't really know how Supervisors make their decisions. Some appointments go through the Rules Committee. I know Michael Medema was spending a lot of time with Bevan talking about mental health issues, so Bevan appointed him to the Board.

Helynna will update you on seats.

Ms. Brooke: The current open seat is for a family member of someone with severe mental illness. To be on the MHB you have to live in San Francisco, be a citizen, and you can't be working in the mental health system.

We put future openings on our flyers, because people leave the Board due to terms running out, moving out of county, going back to school, etc. The listing of future openings is a heads up on the kinds of seat we have: Consumer, Mental Health Professional, and Public Interest, along with Family Member. The goal is to have a Board that really represents all aspects of mental health.

Each of the 11 Supervisors gets to appoint one MHB member. The remaining six seats are appointed by the Rules Committee on behalf of the Board of Supervisors. And that gives us a total of 17 MHB members.

If an individual Supervisor has an opening, we collect all applications that come in through the MHB and we send them directly to the appointing Supervisor, but the Supervisor can choose anyone they want. They don't have to choose from the applications we send.

If the Rules Committee is going to make the appointment, then we send the applications we've gathered to the clerk of the committee. Then a time is scheduled when all of the applicants appear before the committee to talk about their interest in the MHB. The members of the Rules Committee will make the appointment right there in the meeting.

Dr. Turner: All of our meetings, including committee meetings are open to the public and the public is always welcome.

Gabrielle Thompson: Recently I moved to San Francisco and will be sending my application in for the MHB. With regard to the resolution about the Bayview area. I agree with the gentleman about how this is related only to the Bayview and not other communities in San Francisco. Are we looking at the police blotter as a reference into where this would be best suited, this prevention method? If not the police blotter, are we looking when people come into the hospitals for psychiatric help what communities are they coming from?

Are there going to be, or are there now, sites outside of SFGH, or do people just go into the hospital to seek these services? I know I seek my services at RAMS. As a consumer I don't know where to go other than to call Access, and when I called Access it was very vague; it was sort of go to SFGH. As a mental health person, sometimes you're not able to go out of your community. You're very blocked in that. Sometimes you're not able to go out into another community to get the mental health services you need. Will there be satellite spots for people to get these services, such as in the Bayview and in the Tenderloin?

Kevin Ledbetter: I know people in the Tenderloin who have lived there for years and years and have never left the neighborhood. And they don't seem to be getting services. I have a friend who couldn't leave the house because of bomb threats. A block away there was a store owner who got murdered and there was no need for it. Someone just murdered him.

Gabrielle Thompson: Once again in regard to this Attachment by Supervisor Maxwell, I understand her concern about people being in prison or murdered. Are these numbers representing people in the mental health system? I'd like to see the numbers for those directly affected by people with mental health services. I think what this Board is set up for is just mental health services. Just take a look at the numbers, like the high level of violence directed against the homeless people. Is that homeless people with mental health issues or homeless people in general?

There being no further business, the meeting was adjourned at 8:16 p.m.

ADDENDUM TO THE MINUTES OF FEBRUARY 8, 2006
Monthly Director's Report
February 8, 2006

Sobering Center Success. New data collected by DPH demonstrates the success of the McMillan Stabilization Project (Sobering Center) in addressing the burden created by chronic inebriates on the city's emergency system, and improving health outcomes for that population. The Sobering Center, located at the McMillan Drop-in Center at 39 Fell Street, is a unique medical and behavioral health program, launched in 2003, offering a place for alcoholics to sober safely, thus freeing emergency departments to take care of those in need of acute medical care.

The Sobering Center has dramatically reduced the number of emergency department admissions due solely to intoxication. In FY 2004-05, the Sobering Center had 4,033 admissions, representing 1,689 individuals (each individual was admitted an average of 2.4 times). More than 90% of the admitted individuals were homeless at the time of admission. Of the total admits, more than half (2,242) arrived via hospital emergency department transfers or emergency medical services (EMS) ambulances. Of these 2,242 admissions, only a small fraction - just 1.8% (40 admissions) -- required discharge back to emergency care, indicating a high degree of safety in the program, as well as success in emergency diversion.

Past studies show that emergency department care for inebriated persons is not only unnecessary, but also costly and often ineffective at addressing the underlying problems faced by homeless alcoholics. To help address those issues, the McMillan Intensive Case Management Team, a CBHS program, provides additional services to the highest users of the center. The team works closely with clients, providing mental health and substance abuse treatment, housing, benefits advocacy, and assistance in working with medical providers. Analysis indicates that many of the past high users of the Sobering Center have stabilized and are no longer using the center or hospital emergency departments.

The McMillan Stabilization Project is supported with funds and participation from public and private hospitals in San Francisco, and from DPH.

Emergency Part D Assistance. Because of reports of ongoing problems with implementation of the Medicare Part D program, California joined 16 other states in providing emergency assistance to individuals unable to access medications due to problems encountered with Part D implementation. On January 12, Governor Schwarzenegger directed the Department of Health Services (DHS) to immediately implement a 5-day emergency program to pay for prescription drugs for beneficiaries who are dually eligible for Medi-Cal and Medicare who are unable to obtain medications due to transition problems to Medicare drug plans. This action was taken pending legislative action to extend the coverage for another 10 days. The pending legislation will authorize payment for this emergency program for 15-days at a projected cost of \$70 million, and allow for its extension in the event it is needed to ensure vulnerable Californians have access to life saving drugs. To receive reimbursement, a pharmacy must certify that it was either: 1) unable to obtain necessary information from Medicare to submit a claim, 2) its claim was incorrectly denied, or 3)

that the beneficiary's deductible or co-payment was higher than the \$1 to \$5 amount established by Medicare. For more info, please refer to Part D bulletin from CMHDA at the following website:

[http://www.cmhda.org/documents/CMHDA_bulletin_MMA_Part_D_Bulletin2_\(1-18-06\).doc](http://www.cmhda.org/documents/CMHDA_bulletin_MMA_Part_D_Bulletin2_(1-18-06).doc).

MHSA Update. On January 17, 2006, Barbara Garcia, Bob Cabaj, Edwin Batongbacal, Sai-Ling Chan-Sew and Alice Gleghorn, attended a review committee in Sacramento to answer questions about the San Francisco Department of Public Health Plan for Mental Health Service Act (MHSA) funds. The committee reviewed each section of the County plans for specific populations (1) Children, Youth, and Families, 2) Transitional Age Youth, 3) Adults and Older Adults) to determine whether the application met the state's criteria for approval. The feedback from the committee was very positive, the depth of the planning process was particularly notable, and San Francisco was referenced several times as a potential model for other counties. SF DPH recently received a letter from the state providing official feedback on this meeting which CBHS will respond to within two weeks. CBHS is anticipating the development of an RFP process for MHSA funds based on the outcome of the state review.

Update on CalOMS. It has been just over a month since we implemented the California Outcome Measurement System (Cal OMS) for all Substance Abuse providers. As anticipated, implementing a new and required information data gathering and data entry procedure would create some challenges. We want to use this bulletin to update and clarify procedures and to answer a number of questions.

Comings and Goings. New CBHS Deputy Director. Alice Gleghorn, Ph.D. has been named Deputy Director of Community Behavioral Health Services. Dr. Gleghorn received her Ph.D. in Clinical Psychology from the University of South Florida, and completed her internship and a post-doctoral fellowship in Neuropsychiatry at UC San Diego. She joined Johns Hopkins University School of Public Health in 1989 as an Assistant Professor. Her primary research programs focused on syringe cleaning strategies of injection drug users and on community-level interventions for high-risk populations of drug users, women, and African-American young adults. Dr. Gleghorn has worked for the SFDPH for over a decade, first at the AIDS Office with homeless youth in the CDC-AESOP grant, then with Community Substance Abuse Services leading the Treatment on Demand evaluation, the Practice Improvement Collaborative grants, and the "Bridging the Gap" harm reduction conferences. Most recently, she became Director of the Grants, Research, Evaluation and Development Unit for CBHS. She is the Executive Director of the Office-Based Opiate Treatment (OBOT) and Mobile Methadone Treatment (Methadone Van) programs, and facilitates the CBHS Integration Advisory Committee. In this new role, Dr. Gleghorn will oversee the implementation of the Mental Health Services Act and the continued integration of mental health and substance abuse services at CBHS.

Mental Health Board Recruitment. The Mental Health Board is looking for new members to represent the diversity of San Francisco. A family member seat in the Board is currently open – which is for a spouse, parent, partner, children, or sibling of a current or former client of a public mental health system. (The Board is especially looking for family members to represent the Latino community.) Future membership

openings are for consumer, mental health professional, and public interest seats. Mental Health Board members are appointed by the Board of Supervisors. To be considered for an opening you have to be a resident of San Francisco, a citizen of the United States, 18 years or older, and not be working for the mental health service system. For information about applying, please call Helynn Brooke at (415) 255-3473, or Rich Snowden at (415) 255-3474.

Other Upcoming Events:

NEXT PROJECT HOMELESS CONNECT DAY IN FEBRUARY - The next PHC Day is Thursday, February 16, and DPH employees are encouraged to volunteer. Information about PHC is available online at: <http://www.projecthomelessconnect.com>. Since its inception in October 2004, 8,368 clients have been served at one of the bi-monthly PHC days. For CBHS, this includes:

580 referred to mental health and substance abuse treatment, and
443 received methadone detox

Every other month, almost 200 non-profit agencies and private businesses join over 1,000 volunteers to assist 1,000+ homeless San Franciscans connect to the city's health and human service system. Mayor Gavin Newsom has also challenged the private sector to raise \$5 million matched by City government to go directly into increasing supportive housing for the homeless.

February is Black History month. To commemorate this event, The CBHS system of care training, the office of cultural competence and consumer relations in partnership with The Alternatives Program and Glide Memorial Church are presenting the African American Issues in Mental Health VIII conference on Friday, February 24, 2006.

Guest Speakers will include Dr. Wade Nobles, nationally recognized expert in African-Centered Treatment. Dr. Raye Richardson, former chair of the Black Studies Dept. at S.F. state and co-founder of Marcus Books, Novelist and actor, Timothy Reed, daughter of world renowned author Ishmael Reed and Community advocate, actor, speaker and cultural services consultant, N. Bruce Williams.

This type of training is more relevant than ever, seeing as many laws and barriers to access for black americans have been removed, yet, the richness of opportunity and equality has yet to be made readily available. In addition to music, drumming and ethnic food, this all day conference will focus on specific clinical treatment strategies for African American mental health clients and themes such as Black Consciousness, Cultural Meaning in the context of African-American History & Consumer Perspectives of being African American in the mental health system. Pre-Registration by February 17, 2006 is required.

If you would like to receive an email attachment with conference info and registration form, please contact Damon Eaves, LCSW, Director of the Alternatives Program at (415) 401-2607, damon.eaves@sfdph.org

NATIONAL INHALANTS & POISONS AWARENESS WEEK March 19-25, 2006 ñ National Inhalants & Poisons Awareness Week (NIPAW) is fast approaching. Plans are now being made for inhalant awareness campaigns in the United States and other parts of the world.

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SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@igc.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, March 8, 2006
101 Grove Street
3rd Floor, Room 300
6:30 p.m.

PLEASE NOTE: THIS MEETING IS BEING HELD AT
101 Grove Street, Room 300

CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 PRESENTATION: Bayview Hunter's Point Foundation, Jacob Moody, Director, and Family Mosaic Program (speaker to be announced)

For discussion.

- 1.1 Presentation
- 1.2 Board discussion of possible Board responses to the presentation.
- 1.3 Public comment relevant to Item 1.0

Item 2.0 DIRECTORS REPORT

For discussion.

- 2.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.
- 2.2 Public comment relevant to Item 2.0

DOCUMENTS DEPT.

Item 3.0 ACTION ITEMS

For discussion and action.

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- 3.1 Public comment relevant to Item 3.0
- 3.2 Proposed Resolutions

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3.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of February 8, 2006 be approved as submitted.

3.2 b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board will have its regularly scheduled monthly board meeting in Room 300, at 101 Grove Street.

Item 4.0 RESOLUTION ON VIOLENCE IN SAN FRANCISCO COMMUNITIES

4.1 Public comment relevant to Item 4.0

4.2 PROPOSED RESOLUTION: Be it resolved that violence prevention and the mental health consequences of violence are a priority.

Item 5.0 REPORTS

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment relevant to Item 6.0

Item 6.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at 101 Grove Street, (corner of Polk and Grove Streets), in Room 300. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, 14 Mission, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For

more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. 101 Grove Street is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Polk Street.

4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415) 554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine.htm

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San

Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics.

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
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MENTAL HEALTH BOARD ATTACHMENT A March 8, 2006

PROPOSED RESOLUTION (MHB-2006-xx): RESPONDING TO VIOLENCE IN THE COMMUNITIES OF SAN FRANCISCO

WHEREAS, communities in San Francisco are suffering from a crisis of violence, including especially the murders of young men by young men, ages 17-24, and

WHEREAS, this violence is the cause of Post-Traumatic Stress Disorders in family members and young people in the community, and

WHEREAS, many people in the community are afraid to leave their houses at night, and witnesses to violence are afraid to give information to the police or to testify in court for fear of reprisals, and

WHEREAS, no community in a city like San Francisco, which considers itself enlightened and progressive, should ever have to live in such an atmosphere of fear, and

WHEREAS, it is known that 60% of the young men murdered have been in the City's foster care system and that 70% of the people in prison have been in foster care, and

WHEREAS, there is a high level of violence directed against homeless people many of whom are vulnerable due to mental illness and addiction, and

WHEREAS, in the words of Supervisor Sophie Maxwell, "People come from all over the world to San Francisco to be who they are, but our kids from the Bayview have to leave San Francisco to be able to be who they are," and

WHEREAS, as Supervisor Sophie Maxwell further states, "Racism has to be at the top of our priorities for change, because racism is a violent act, and neglect is a violent act," now therefore

BE IT RESOLVED, that the Mental Health Board urges Community Behavioral Health Services and the Department of Public Health to consider violence as a public health issue, as well as a criminal justice issue, and to place a top priority on services to prevent violence and to respond immediately to the needs of victims, the families of victims, and the families of perpetrators following an incident of violence, and

BE IT FURTHER RESOLVED, that the Mental Health Board recommends that violence prevention be treated as a top priority not only for new funding under the Mental

Health Services Act (Proposition 63) but for the base funding of Community Behavioral Health Services, and

BE IT FURTHER RESOLVED, that Community Behavioral Health Services continue to work with the Department of Human Services to make significant improvements in the foster care system toward the end of preventing violence, and

BE IT FURTHER RESOLVED, that the Mental Health Board commends the Mayor and the Board of Supervisors for the steps they have taken so far, and urges them to develop a total, coordinated, city-wide response along the lines of the Boston Strategy for Youth Violence Prevention during its best periods (www.bostonstrategy.com/), which would mean not just adding another program to the range of City services, but would mean changing the City's operating system with regard to youth violence prevention, and

BE IT FURTHER RESOLVED, that the Mental Health Board commends Supervisor Sophie Maxwell for her advocacy of violence prevention during the planning process for the Mental Health Services Act, with the Mental Health Board, and in the City in general, and for taking a clear and convincing stand for treating violence is a public health issue, and

BE IT FURTHER RESOLVED, that the Mental Health Board urges the City and County of San Francisco to take up the challenge issued by Supervisor Maxwell when she said, "I really believe this violence could be stopped overnight, and that the reason it continues is basically because of neglect."

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

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UNADOPTED MINUTES
Mental Health Board
Wednesday, March 8, 2006
101 Grove Street, Room 300
San Francisco, CA 94102
6:30 p.m.

DOCUMENTS DEPT.

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BOARD MEMBERS PRESENT: Rebecca Turner, Ph.D. (Chair); Benito Casados; Bob Douglas, J.D.; John Kevin Hines; LaVaughn Kellum-King; James Shaye Keys; James L. McGhee; Toye Moses, Ph.D., M.P.H.; Tom Purvis; Jagruti Shukla, M.D.; M.P.H.; Lisa Williams; Idell Wilson.

BOARD MEMBERS ABSENT: Supervisor Bevan Dufty; Claudia Lebish; Michael Medema; Kate Walker.

PRESENTERS:

Jacob Moody, Director of the Bayview Hunters Point Foundation
Alicia Joseph, Interim Director of the Family Mosaic Project

OTHERS PRESENT: Nanette Williams; Basil G. Bernstein, M.D.; Kevin Ledbetter; Dwight Saunders; Sheldon Ciment; Helynna Brooke (MHB Executive Director); Rich Snowdon (MHB Administrator).

CALL TO ORDER

The meeting was called to order at 6:34 p.m. by Rebecca Turner, Chair.

ROLL CALL

AGENDA CHANGES

Dr. Turner : We'll be taking the Directors Report first, then we'll go to the presentation.

2.0 DIRECTORS REPORT

2.1 Directors Report

Dr. Cabaj: We've had some requests from the State for more information for our Mental Health Services Act (Proposition 63) submission. We responded with 70 more pages in addition to the 700 pages in our original proposal. They had more questions about our Information Technology. Hopefully we'll get our MHSA funding starting April 1.

Last year's City budget proposed cutting a lot of the substance abuse budget. The Board of Supervisors reinstated it, but with the proviso that the funding be put out through the Request for Proposal process in order to streamline services and to look again at

which programs are working and which are not. And it was important to respond to the methamphetamine crisis, so we moved \$400,000 into programming that responds to that crisis.

I really believe this is a fantastic step. We'll have better use of our services at a better cost for the City and this will help our integration efforts.

Mr. Keys: I just wanted to know a little bit more about the RFPs for the substance abuse outpatient treatment services. I see some of the names on the list in the Director's Report and I have some knowledge of these entities. What are you looking for in RFPs? Are you doing background checks on success rates?

Dr. Cabaj: The RFP process is a very formal process. We've worked with many of these agencies before, so we have program reviews and reports on them. But the RFP process is an independent process. The RFP panel reviews the proposals, then the panel presents their conclusions to the CBHS administration. Then we negotiate new contracts with the agencies. If they meet the qualifications of the RFP, but are not able to meet the financial requirements or their clinical services have not met our standards, then they won't get the contract.

Mr. Keys: What about recruiting agencies from outside San Francisco to provide services? There are a few of the agencies I see on this list that I have good knowledge of. Perhaps their methods are lacking something, because we still have a very horrible situation in San Francisco with meth and heroin.

Dr. Cabaj: The City favors contractors based in the city which employ people who live in the city.

Dr. Moses: Thank you for the comprehensive report. The Controller just discovered some surplus money. Are we going to get a piece of that?

Dr. Cabaj: The money is still in the current budget. The majority of this money was generated by Laguna Honda, so it will probably be put back into Laguna Honda and the health clinics. No specific money has been negotiated for CBHS, but our hands are out.

Dr. Moses: Are you working with the Supervisors on how that money will be allocated?

Dr. Cabaj: The Mayor is in charge of the supplemental, but we will work with the Supervisors. We have been fortunate in not having additional cuts so far this year. And then we will be getting the MHSA money as well.

Mr. Purvis: I'm interested that you took \$400,000 from one program for another program on methadone. How was that decision made?

Dr. Cabaj: Dr. Katz is a strong believer in methadone, because we know that it works. The track record for substance abuse is not the highest in terms of the success rate. Methadone has the highest success rate. It's over 60% of the clients who get off drugs

who stay off drugs, so the decisions were based on the priorities of helping people get off drugs.

The written Directors Report was distributed:

Mental Health Service Act (MHSA) Update. To assist in planning the CBHS RFP for MHSA related programs, CBHS is planning two community forums targeting community input on peer-related services. The forums are in the process of being scheduled to occur as soon as possible. The first forum will focus on adult and older adult populations while the second forum will focus on children and transitional youth.

As a follow-up to the review of San Francisco's MHSA plan, the State Department of Mental Health submitted a letter to CBHS to follow-up on specific questions about the plan. CBHS submitted their response to these questions on February 23rd. The State is currently conducting a review of this response, and should advise CBHS of their feedback shortly.

Change Agents. Happy Anniversary Change Agents! CBHS Change Agents are the program staff leading a system-wide quality improvement project known as Integration. Change Agents represent CBHS funded - civil service and non-profit programs (both mental health & substance abuse). Over the past year some specific Change Agent activities have included: learning and facilitating training to agency staff on specific integration models; assisting in the development of effective clinical and program approaches to Dual Diagnosis capability and assisting in the programs' use of Zialogic self-assessment & planning tools (i.e., COMPASS). Change Agents are working closely with the Executive Director/ Program Director to develop an agency action plan for integrated services: Change Agents attend monthly meetings and quarterly leadership trainings hosted by our Integration Consultants, Zialogic, Drs. Chris Cline and Ken Minkoff. Change Agents also inform county policy to support the developments of appropriate clinical practices and advocate for dual diagnosed treatment services. Change Agents will be honored for their work by CBHS during March and April.

Request for Proposals (RFP) #25-2005, for Substance Abuse Outpatient Treatment Services. After a thorough process, selections have been made under Request for Proposals (RFP) #25-2005, for Substance Abuse Outpatient Treatment Services. A primary objective of this RFP was to equalize the cost per unit of service/encounter. The 35 program units affected by this RFP had been established and modified at different times over the last four decades, with the result that the costs per unit ranged widely. A second goal was to expand outpatient methadone maintenance in the recognition that it is less costly and more effective than drug free treatment for heroin users. This goal was accomplished by moving \$400,000 from outpatient drug free to outpatient methadone maintenance. The chosen proposals are expected to result in increased units of service and increased unduplicated clients. They are:

Adult Services:

Latina/Latino Focus/with Spanish Language: Mission Council on Alcohol Abuse for the Spanish-speaking

Potrero-Bayview Hunter's Point Foundation/African-American Focus: Westside Community Mental Health Center/Positive Directions Equals Change; Visitation Valley-OMI Areas/African American Focus: Asian American Recovery Services

African American Family/Violence Prevention: Haight Ashbury Free Clinics

Central City/Homeless and Indigent Focus: Walden House

Survivors of Trauma, Violence and Sexual Abuse: Iris Center, Standing Against Global Exploitation (SAGE)

Older Adults Citywide: Curry Senior Center

LGBTQ Citywide: New Leaf

New Methamphetamine Intervention/HIV Prevention: Walden House, Regents of the University of California Stonewall Project

Western Addition-Haight Poly-drug/Alcohol: Haight Ashbury Free Clinics

Asian American & Pacific Islander Focus: Asian American Recovery Services

Youth and Family Services (Citywide):

Perinatal, Family and Young Child: Iris Center, Mt. St. Joseph/St. Elizabeth's Epiphany Center

African American Youth Focus: Bayview Hunter's Point Foundation/Potrero Hill

Neighborhood House/Morrisania West

Latina/Latino Youth Focus/with Spanish Language: Horizons Unlimited

Asian and Pacific Islander Youth Focus: Asian American Recovery Services

Youth Out of Home and Criminal Justice Involvement: Walden House

LGBTQ Youth: New Leaf

Narcotic Treatment:

Methadone and Buprenorphine Maintenance: Westside Community Mental Health Center

Jail-based Intervention and Transition to Community: Bayview Hunter's Point Foundation

In general, the RFP asked respondents to base treatment methods on current outcome research, to include tobacco interventions, and to account for the increased data entry costs to implement CalOMS (California Outcome Measurements System) and California Counselor Certification. Respondents were also required to provide a protocol for coordinating care with mental health and primary care to assure the better outcomes, maximize Medi-Cal and third-party reimbursement, and implement the DPH's shift to behavioral health.

Population target objectives were changed to reflect the current numbers of populations and communities at greatest risk from the consequences of substance abuse. The individuals making up those communities are those who have suffered the greatest health disparities, and have the fewest resources to access substance abuse treatment. Objectives for youth, women, victims of abuse/violence, and communities of color were increased.

Recognizing that methamphetamine use is increasing, spreading to new populations, and has dire consequences over even short periods of use, all agencies are required to update their treatment protocols accordingly. The latest research results from

SAMHSA's Pacific Addiction Technology Transfer Center indicate that grouping methamphetamine users together for treatment generally improves outcomes. Therefore, the largest programs have been instructed to create a "Methamphetamine Treatment" track. Local data indicates that most methamphetamine users are poly-drug users/abusers and/or heavy drinkers, all of which needs to be addressed in all methamphetamine programs.

Availability of Beneficiary-related Materials in Threshold Languages. The Office of Cultural Competence and Client Relations Unit (CC&CR) issued its latest list of beneficiary-related forms and materials in threshold languages of Chinese, Spanish, Russian and Vietnamese. Materials are also available in some other languages. Threshold languages are currently based on formulas set by the State Department of Mental Health and are determined annually. Clients and family members who are Limited in English Proficiency (LEP) rely on translated documents for accessing and understanding behavioral health services. Materials translated are field-tested for quality and cultural/linguistic appropriateness prior to distribution. The following types of materials have been translated:

- consumer guide, handbook or brochures
- general correspondence
- beneficiary problem resolution, grievance and fair hearing materials
- beneficiary satisfaction surveys
- informed consent for treatment and medication
- confidentiality and release of information form
- treatment and service plans requiring beneficiary or parent signatures
- educational materials

Copies of these translated beneficiary-related forms may be obtained by contacting the Supply Room at 1380 Howard, 2nd Floor, Community Behavioral Health Services Administration Building. For more information about translating documents and translation resources, please contact Juliet Valerio, MSW at (415) 255-3428.

Tarasoff Decision. There have been recent changes in Tarasoff requirements that all psychotherapists need to know. The Tarasoff decision deals with responsibility of the psychotherapist to warn victims of potential violence by clients. Simply stated, this means that the psychotherapist-patient privilege is overshadowed by the therapist's responsibility to warn an intended victim.

The general legal requirements for CBHS staff in regard to Tarasoff warnings follow:

The psychotherapist's duty does not arise only where the psychotherapist has actual knowledge of danger. It arises whenever the therapist determines, or pursuant to standards of the profession should determine, that the patient presents a serious danger to another. If a patient threatens physical violence against someone, or the psychotherapist obtains information of such a threat having been made by the patient from another source including the patient's family, the threat must be a serious one and the victim or victims must be reasonably identifiable. Some examples of when a victim is "reasonably identifiable" include: a) the victim is specifically named by patient (ex. Bob Smith of 123 Sesame Street); b) the victim is easily identifiable by their relationship

to the patient (ex: my mother, brother, employer, colleague, competitor, etc.); or c) other easily recognizable trait (ex.: the Mayor, my congressman, the anchor for the Channel 22 5 p.m. news hour). In order to discharge the duty to warn, the psychotherapist must make reasonable efforts to communicate the threat to the victim or victims and must notify a law enforcement agency.

Persons to be notified in a Tarasoff situation must include the intended victim, and the police. The therapist must take all necessary steps to warn the victim of the circumstances such as attempting to contact the potential victim by telephone and/or letter. This may include telling other persons who are in a position to warn the victim. It is reasonable to provide the name and address of the client making the threats and the nature of the violence that the client has threatened. It is not permissible to provide the police or the victim access to confidential patient records without a valid court order, however.

Serious consideration should be given to initiating a 72-hour involuntary evaluation hold pursuant to Welfare & Institutions Code 5150 on the patient.

Once a decision has been made as to how the situation will be handled clinically, this should be carefully charted. The therapist needs to chart what information was disclosed, to whom, when and why. The report should also be noted on the disclosure log in the client's chart.

The name and location of the law enforcement agency contacted and the name and badge number of the officer must also be included in the chart.

A written incident Quality of Care report or a copy of the Tarasoff report must always be completed by clinical staff and distributed through appropriate Quality Improvement channels when a Tarasoff warning has taken place. This report would include the name of the staff member issuing the warning, the name of the supervisor and any other persons involved in the decision, as well as the circumstances surrounding the warning. In addition, the report must indicate:

The patient communicated to the psychotherapist a threat of physical violence or the psychotherapist obtains information of such a threat having been made by the patient from another source including the patient's family.

That this threat was a serious one.

The reasons why the victim or victims were reasonably identifiable. The report must be received at 1380 Howard Street within one week of the incident as soon as possible.

If a therapist makes a Tarasoff warning by making reasonable efforts to communicate the threat to the victim/s and to a law enforcement agency, the therapist is immune from suit by the victim/s even if the victim is subsequently injured. Civil Code §43.92(b). Moreover, such disclosures are authorized by law, Welfare & Institutions code 5328 (r) and do not breach client/therapist confidentiality rules.

For more information, please contact Kevin McGirr, RN, MS, MPH at 255-3481.

Other Upcoming Events:

Behavioral Health Integration Training: "An Integrated Treatment Model for Persons with Co-Occurring Substance-Related and Mental Disorders: How to Make it Really Work," March 9, 2006 - Without doubt, Behavioral Health Integration is assuredly being implemented in San Francisco, steadily advancing through various stages over the last two years -- with Change Agents, Welcoming Policies, Integration Quality-Improvement Action Plans, and other initiatives at the clinician, program, and system levels contributing to the churning mix of irreversible and exciting changes underway.

This March 9 training is an excellent forum to learn how to be leader in San Francisco in the development and strengthening of integrated treatment for co-occurring mental health and substance abuse disorders, and how to assist in uniting our once-separated systems and service-delivery so that we can truly and effectively help all of our clients in need.

California Outcomes Measurement System (CalOMS) Training March 16, 2006 - The California Outcomes Measurement System (CalOMS) is a statewide client-based data collection and outcomes measurement system. CalOMS will allow the Department of Alcohol and Drug Programs to effectively manage and improve the provision of alcohol and other drug services at the state, county, and provider levels.

CBHS is providing another training session for COUNSELORS/PROVIDERS on Thursday, March 16, 2006 from 9:00 to 11:00 am at the Hiram Johnson State Building, 455 Golden Gate, Lower Level Auditorium. Since space is limited, please submit registration ASAP. NO ONE will be admitted unless pre-registered.

CALIFORNIA PROBLEM GAMBLING AWARENESS WEEK March 6-12, 2006 - Many states recognize the second week of March as National Problem Gambling Awareness Week, the goal of which is to educate the public about warning signs of problem and pathological gambling behavior. For further information visit www.adp.ca.gov or call 1-800-GAMBLER

LOS ANGELES OVERDOSE PREVENTION SUMMIT March 15, 2006 In the State of California, overdose deaths are up 73% since 1990 and exceed deaths from firearms, homicides and AIDS (The National Center for Health Statistics). In Los Angeles County, drug overdose is a leading cause of premature death, exceeding deaths from stroke, HIV and diabetes (Los Angeles County Department of Health Services). For further information visit www.cleaneedlesnow.org/overdose/.

NATIONAL INHALANTS & POISONS AWARENESS WEEK March 19-25, 2006 - National Inhalants & Poisons Awareness Week (NIPAW) is fast approaching. Plans are now being made for inhalant awareness campaigns in the United States and other parts of the world.

According to national surveys, inhaling dangerous products is becoming one of the most widespread problems in the country. It is as popular as marijuana with young people. More than a million people used inhalants to get high just last year. By the time a student reaches the 8th grade, one in five will have used inhalants. For further information visit www.inhalants.org.

CMHDA Older Adult System of Care Conference: Older Adults and Their Community: Building Full Service Partnerships April 27 - 28, 2006 - Sponsored by the California Institute for Mental Health. This conference is being held in San Francisco. To register please visit www.cimh.org/downloads/Registration%20Form23.pdf.

OUT OF THE DARKNESS OVERNIGHT ñ Sponsored by The American Foundation for Suicide Prevention, Out of the Darkness Overnight is a 20-mile journey through the night, from dusk until dawn. It's a unique opportunity to help shed light on suicide, its impact and its prevention. The walk brings together friends, family members and loved ones whose lives have been touched by suicide or depression. This walks gives them a way to turn their heartbreak into hope for tomorrow.

The Overnight will take place in San Francisco on July 22-23, 2006. For further information call 888-NIGHT-05 or visit www.theovernight.org.

Past issues of the CBHS Monthly Director's Report are available at: www.dph.sf.ca.us/CBHS/default.htm. To receive this Monthly Report via e-mail, please e-mail kathleen.minioza@sfdph.org.

2.2 Public comment relevant to Item 2.0

There was no public comment.

1.0 PRESENTATION: Jacob Moody, Director of the Bayview Hunters Point Foundation and Alicia Joseph, Interim Director of the Family Mosaic Project

1.1 Presentation

Ms. Joseph: What I wanted to do was to give a brief overview of the Family Mosaic Project. FMP is over 13 years old. It started out as a pilot project with funding from the Robert Wood Johnson Foundation. In 1993 it became a capitated project through the State of California.

We have a full scope of services and we work holistically with the families. We serve children from 3 -18 years old, but we do work with some who are older. We serve the top 3% of the most at-risk families in our county. Referrals come from Juvenile Probation, Human Services, the School District, and through self-referrals from families. Our strongest point is advocacy. We know that family members need to be empowered and need to learn to navigate the systems they are involved in.

We provide an array of services, with the mission of keeping families in tact. We're trying to reduce out-of-home placements. We are strength-based and family-focused.

We partner with the families to find out what issues they want to address and what services they need.

We provide services in the home, mentoring services, and respite services. We can get the children into classes.

The criteria for our program is whether the child is at-risk for out-of-home placement.

FMP is staffed with 16 care managers at the bachelors and masters level.

We have clinical supervisors, a nurse, and two part-time psychiatrists, who do evaluations and medication monitoring. We have a clinical director who handles training and other clinical issues.

We are culturally diverse. We also have an Asian Family Mosaic which is located at RAMS in the Richmond District. We provide services in Mandarin and Cantonese. We also have Spanish-speaking staff.

We have a private provider network. We have an array of therapists we can connect with the families. We work with social workers, probation officers, and teachers to help the children.

That's a snapshot of what we do.

Dr. Moses: I know FMP has been very, very instrumental in Bayview Hunters Point. I remember years ago when the FMP was dying down, we had a community advisory committee. Since then there has been a revolving door of FMP directors. I'm concerned about that. Is there anything specific for African American families? Our concern is that they are not being served.

Ms. Joseph: The majority of the families we serve are African American. Because of the violence that targets the African American community, a Crisis Response Team has been developed to help the families with grief counseling, after care, and burial support.

Dr. Moses: I'd like to suggest that it might be good to bring the advisory board back, so that the community can help.

Ms. Joseph: I've been at FMP since 2000, and I do remember the advisory board under Dr. Gary Zomalt. I will take your recommendation back to FMP.

Dr. Turner: I'm wondering how big your budget is and how many service providers you have. We have been talking about our concern that pilot programs would begin in the Bayview and then they wouldn't get continued. You said you started off as a pilot program. How did you have the success to continue on and grow?

Another concern is foster care. Sophie Maxwell has concern about that.

Ms. Joseph: Our budget is over \$3 million. This is a capitated program so it generates its own revenue. We have contracts with many community-based organizations to provide

services that we need for our families. In our private provider network, I'd say we have over 50.

With regard to foster care, I can't speak to that, because that is not under mental health. But we work with foster families as referred by the Department of Human Services. We work with foster care parents on a voluntary basis.

Mr. Keys: Thank you for that wonderful presentation. Overall how many people do you serve?

Ms. Joseph: We are contracted for a capacity of 160 families. We currently have 135 families.

Mr. Keys: Is your program strong enough to venture out to other districts of San Francisco, to people who are harder hit?

Ms. Joseph: The families we serve are citywide. The largest number of our families live in the Bayview, Western Addition, Richmond, and the Tenderloin.

Mr. Keys: Why haven't I heard of you in the Tenderloin? Do you have a satellite office?

Ms. Joseph: We don't have satellite offices, because we meet the families where they are. Some families, because of turf issues, don't want to come from the Western Addition to Bayview, so we meet them where they are.

Mr. Keys: San Francisco is a diverse tapestry of families. Do you have workers who can speak Tagalog, Spanish, and Cantonese? Are they able to understand the cultural diversity of the families? For example in the Tenderloin we have a large number of Vietnamese families.

Ms. Joseph: If the child in the Tenderloin is identified as at-risk and the referral is made to our agency, then if necessary we will use interpretive services. At times we have used people who have been in our system to do interpretive services for us. There may be another adult in the household who speaks English. When we recruit staff, we look for people who are bicultural and speak additional languages.

Dr. Shukla: I think you are providing very valuable services to the community. How successful is your group in keeping families in tact? How do you define success? Do you have long-term follow up so you can see the results of your interventions?

Ms. Joseph: We have a department at FMP that does research and evaluation, but I didn't bring that information with me tonight. How do you determine success? It depends on the family. For one family it means having no contact with any system they find to be intrusive. For another family, it means the child being successful in school. For someone else it may be learning how to better parent. Most importantly, it's to make sure that the child hasn't been hospitalized or placed out of home.

Dr. Shukla: Have you been able to measure the quality and outcomes of your services?

Ms. Joseph: We do have those statistics, but I didn't bring them with me.

Mr. Casados: What do you do to help the parents better function with the student or the children with disruptive behaviors?

Ms. Joseph: We do various things. We may refer people to parenting classes. We also have the Family Involvement Team, which are peer parents, somewhat like mentors, and they partner with the parent. Providing support for the parent decreases the level of their frustration. And providing respite is a very big thing for our parents, especially our single parents. Also we have behavioral support services where someone goes into the home to do role modeling for the family.

Mr. Douglas: If you do have a client go into the hospital are you able to continue with the case?

Ms. Joseph: Yes. If a child is hospitalized, we work with them and make a plan for when they come out of the hospital and make sure services are in place. If the out-of-home placement is long-term and out-of-county, we do close out the case, because we can only provide services in the county.

Dr. Turner: Thank you. If there's anything the MHB can do to support you, let us know.

Dr. Moody: I want to thank the Board for the opportunity to come speak with you. You provide a very valuable service to the city. I understand my task tonight to be a couple of things. One is to talk about what we do at Bayview Hunters Point, and to talk about my understandings of violence in our community, and some things the MHB might do to get involved in the Bay View.

The Bayview Hunters Point Foundation has been in the community for 35 years. It started out looking at realities around the poor legal defense African American men were receiving in San Francisco when arrested and taken to jail. From that original work, the organization grew to providing three kinds of services.

We provide mental health services at our Family Center at 4301 3rd Street. We provide individual and group therapy, and intensive case management. We are part of the AB 3632 school/mental health partnership.

We have a violence prevention program for girls. We are the mental health providers at the Balboa Teen Health Center, where I was director from 1991-98.

We have Youth Academy Services right next to the library. We provide outpatient substance abuse services and primary prevention. We have intensive home-based supervision for young people who are incarcerated, then released. We have a collaboration with Larkin Youth Services. We have a neighborhood litter removal and beautification program.

We have a pilot program with Probation for young people. When they get out of school, we pick them up, and they come back to the Youth Services Center to get a meal, and do their homework.

We provide adult substance abuse services, including outpatient treatment, methadone maintenance, 21-day detox, jail methadone, alcohol and other drug programs through the Center for Problem Drinkers, and we provide AIDS emotional support.

With regard to violence, from all the stuff I've read, and from the testimony given to the MHB, you are aware that violence is a very complex issue. Violence is the result of something. Our organization is designed to address the antecedents of violence.

Personally this is the 4th time I've worked in the Bayview Hunters Point area. In 1973, I was a producer at KGO TV, working on a prime time minority affairs program. We went into ethnic communities and filmed their misery, and people thought something was going to change as a result of the program, and I knew that was not going to happen. I started investigating what was the problem in the communities. I decided it was a spirit problem and that sent me to seminary, to the Pacific School of Religion.

My first church was Ridgepoint in the Bayview. When I came back into the community, I saw that it was not just an individualized spirit problem, but a problem of values and relationships in the community. There are external manifestations. It was very clear that there were forces outside the community pushing into the community. It was very clear that the values and relationships that people in power outside of the Bayview had with this community, were not focused on helping the Bayview.

Internally there was a crisis, too. There were the pressures of poverty. There were the culture wars. A lot of us who grew up in the black community, were raised with values that helped move us beyond Jim Crow and segregation. But that was not happening now, and it was not something the church could respond to very well.

The next time I came back to the Bayview and BVHPF was when I took over Balboa Teen Health Center. I saw people dedicated to removing the barriers to people developing positive values and good relationships. It was very wonderful to see that group of people working on that. But it has been a continuing problem to try and figure out what are the real intervention strategies that are going to get at the redevelopment of values and relationships.

BVHPF was part of the BMagic program that Jeff Adachi has pulled together to provide youth services. There are very well-meaning people involved in this, but we are missing a level of coordination and infrastructure that could enable us to think differently about how we are moving forward. The group is addressing these issues as it makes plans for the future.

When pressed about how do we approach violence, I think there needs to be a re-invigoration of the community agencies in the community, to build on the assets of the community, and to develop an internal locus of control versus an external locus of control. At BVHPF we're beginning to re-envision a new mission and vision, and work from a much more conscious place in supporting the community.

My vision is that every resident of the Bayview is a full participant in the economic, social, political aspects of the city. We need to work on a couple issues that block that movement forward.

What can the Mental Health Board do? Are you aware of the Shipyard Legacy Fund? There are bags of cash hanging over the Bayview, but no one can get at them. Everyone wants to come in to do something in the Bayview.

The Shipyard Legacy Fund is a \$30-million fund that is going to be made available to BVHP. The Urban Strategies Council is the consultant on figuring out how to utilize that money. It would be very helpful if someone from the Mental Health Board would be at the next meeting to talk about effective programs for getting at the antecedents of violence.

Ms. Kellum-King: I'd like to ask you about the 94134 and 94124 areas of the city, the southeast community. We in 94134 have experienced a lot of deaths of people we know and love from cancer, from drive-bys, and then there's the asthma problem. Just about everybody in the community is suffering from post traumatic stress. We have lived under extraordinary conditions so long we don't know what ordinary is anymore.

Mr. Moody: I have lived in those districts at different periods and the stress is overwhelming. In the past, African Americans have been home owners in this area. As the populations age, the children are moving out to other places to buy homes. It's very difficult to stabilize this community.

Ms. Kellum-King: Something else you might consider is that a lot of the crimes that take place in the southeast, are not necessarily committed by residents, but by people who move away then come back into the community, do their junk and then leave.

Mr. Moody: You're absolutely correct, people are coming in and out of the community. The same is true with the Western Addition. That's why it is so important to build the values and relationships, and to understand how a neighborhood is nurtured and protected.

Dr. Moses: Thank you for the spirit you have coming back to BVHP. I remember you from when I was on the Human Rights Commission, and I have worked with BVHP in the past. Supervisor Sophie Maxwell came to our meeting a couple meetings ago, and others have testified that money is flowing to Hunters Point but the services are not being delivered. So I'm glad you are back. I'm glad you are there. There is a lot of work that needs to be done.

Mr. Moody: There's one thing I didn't mention, and that's about community re-entry of people who come out of jails and prison. We are working in collaboration with a number of community agencies. We want to reclaim our role as promoting positive health within the community. A lot of time people give out money, and money is important, but there are assets in the community, and we have to do a better job of organizing those assets.

Dr. Turner: When we did the Proposition 63 hearings, we went over to Bayview, people talked a lot about when there is a violent event, they feel they can't immediately access mental health services.

Mr. Moody: I have read that the Crisis Response Team is down to only one person now. As an agency, we could help train and equip people to be first responders and to get immediate help to families and then to get them segued into longer term teams. There are church-based assets, even youth-based assets in our community.

Dr. Shukla: Given the potential for money to be available in the future to your foundation and the extraordinary range of services you're providing, could you describe programs that are working very well that you would like to see expanded?

Mr. Moody: I'd like to see the Balboa Teen Health Center expanded by adding another therapist there. I've been in conversation with the Bayview Healing Arts Center and the Teen Clinic. They are desperately needed in Bayview.

With the health prevention staff, we use a Community Action Model. We want to do more projects with young people and begin to develop a seamless system of youth services.

We especially want to work with two housing projects, Double Rock and West Point. Girls are coming together in packs, and clashes are going on. We're looking at putting a CAM project there.

Mr. Douglas: When you talk about values and relationships isn't this something that really needs to be fostered in the home situation? Do you think government can intervene in this?

Mr. Moody: Government has a role, and that is to create the conditions that allow people to reach their highest potential. Government has a role to make sure that our community is not polluted, that they have access to adequate health care and education.

But your point is absolutely correct, those values start in the home. One of the things we can do is help folks parent. There is something very powerful about people in a community deciding they are going to act for the welfare of the community and assist each other.

I think there are some ways we can accelerate the learning process around parenting so the quality of life is better.

There is a book called *Covenant Black America*. It says that in the black community, we have to start with ourselves. The first list of things that need to be done are what we need to do, then we go on to other folks.

Mr. Keys: There are some moneys that will be available in the 2006/07 budget on violence prevention. I'm known for being a person who says, What are you doing now? What are your results? You seem to say that you have these great and grand ideas, but you don't know how to get these things implemented, and you don't know how you are

going to get them to work. I was very confused throughout your entire presentation about what you are doing. I didn't hear some things strong enough to actually get families to decide that this is something that will work for their families. The Bayview has been used, polluted, and dumped. This is caused a lot of pain for a lot of people. People are being dumped in that area.

The Bayview is due to be the largest redevelopment project in the history of San Francisco. These people are in danger of losing their just cleaned up homes and being thrown out of San Francisco. A new crop of people and businesses are moving in and are going to drive people out of their homes.

Mr. Moody: I didn't come prepared to talk about plans. I said we are in the process of developing our mission and vision and core plan, and from there we will root our organization of the community. One needs to be a community-based organization. We are reclaiming our space in the community for leadership. I said I don't know how it's going to happen, because I don't think anybody knows how it's going to happen. We are looking at who the players are and what they are doing. The Shipyard group has been meeting since 1991 and I'm still not clear on what they are doing. I think uncertainty is not a bad thing, but sitting on your behind is a bad thing.

Historically, we have not been held accountable for outcomes, and now we will be. For example, we had a black history month in our methadone maintenance program. There were 35 people there and they were incredibly powerful witnesses about how the program had changed their lives. We have 210 clients. The 21-day detox program is not enough. I just met with Alice Gleghorn and Jim Stillwell about our jail programs. We have youth who are graduating from our programs who are doing well, but they are not coming back to the neighborhood.

People are scared they will be driven out. They are putting 350 new units in the old Coca-Cola building, but only 12% will be affordable units. Will those people who move in there want our methadone program across the street from them?

I have to admit, I'm kind of unclear, and we don't have a plan, but believe me when we do have a plan this is the first place I'll come back.

Mr. McGhee: I appreciate you coming and speaking to us this evening. You talked about people moving out and not coming back. The redevelopment to me is extremely important to maintain a healthy environment. The Bayview has been on the back burners for so long that the hope of the people in the community is gone.

The most important thing about the way this development is going into Bayview though, is that the community has to be involved. The Mayor was out there a few weeks ago. There is a rule about 50% in the community working on those projects through the contractors. But this has never been enforced. As you do your planning, I hope your planning includes being involved as much as possible in the economic planning. I agree with you there has to be infrastructure development with community-based organizations, because they have immediate access to the community at large.

Mr. Moody: I agree. We've waited so long for the Third Street light rail. Change is happening. There are 7,000 latinos in the Bayview and an equal number of Asians. It's going to be a very different neighborhood. The question is, since the neighborhood is changing, and who is directing that change, so that we don't re-create the tensions between the different parts of the community that exist elsewhere in the City.

Mr. McGhee: Some of these other ethnic community organizations are going to have to come together and talk about this issue. As more groups move into the community, the resentment that is there now is going to be increased. That 12% is not very much. And there is no insurance that the residents of the Bayview are going to get that 12% of housing.

Mr. Moody: Many of the African Americans in the Bayview own property. There is a strong economic base. There is precious little effort to bring those folks together to figure out how to leverage that into a stabilized, balanced thriving community.

Dr. Turner: Thank you so much for this information. We're very excited about your spirit. Please keep us on your radar screen. Call when you think we can help you.

1.2 Board discussion of possible Board responses to the presentation.

There was no discussion.

1.3 Public comment relevant to Item 1.0.

Member of the public: I agree with the need to address values. What I didn't hear at all is to what role does the security of the situation play in providing the framework in which you can do long-term adjustments in people's values. To what degree does police presence have to be there so the murders stop and people can move around the community safely before you can do the other work? How come when we talk about violence, we don't talk about enforcement? Why are we embarrassed to say police do provide security, and there are incidents that are not good, but without enforcement, I don't see how you can change values.

I grew up around builders and developers. My definition of a real estate developer, is that they are people who go in and cut a lot of trees down, build the development, and then name the development after the trees, like Whispering Pines. I think it is important to protect people who are being forced out by developers.

Mr. Moody: I think your comments about law enforcement are significant. We have a lot of murders in the Bayview and people are not able to come forward and provide information to the police. It's a very complex matter. The students at Thurgood Marshall school were going to have a talent show, but two days before the talent show, the police showed up on campus in force, went to the principal's office and said you're canceling the talent show because we don't think we can provide security.

We need to work with the police, we need to create a community where there is a culture of values, that if we witness violence we will tell, but at the same time we need respect from the police.

Item 3.0 ACTION ITEMS

3.1 Public comment relevant to Item 3.0

There was no public comment.

3.2 Resolutions

3.2a RESOLUTION (MHB-2006-06) Be it resolved that the minutes of the Mental Health Board meeting of February 8, 2006, be approved as submitted.
(Passed unanimously.)

3.2.b RESOLUTION (MHB-2006-07): Be it resolved that the Mental Health Board will have its regularly scheduled monthly meeting in Room 300, at 101 Grove Street. (Passed unanimously.)

4.0 RESOLUTION ON VIOLENCE IN SAN FRANCISCO COMMUNITIES

4.1 Public Comment relevant to Item 4.0

There was no public comment.

4.2 Proposed resolution

Mr. Casados: Sophie Maxwell was asked what we could do about the violence. She said, the violence was not our responsibility. The responsibility of the Board was to work with the mental health needs and the foster care system. She was asking us not to focus on violence but on the other issues. So if we do this, it's not because of Sophie Maxwell's request, but because we want to do it.

Mr. Keys: I made a motion last month for us to table this resolution until we had further clarification from Supervisor Maxwell. The Executive Committee was going to ask her a few more questions about Violence Prevention. Have we gotten any kind of clarification from the Supervisor?

Ms. Brooke: Yes, she is still working on the violence prevention, and she is co-sponsoring Supervisor Daly's initiative.

Mr. Casados: I propose that we remove that paragraph with the quote from Sophie Maxwell.

Mr. McGhee: One of the issues Supervisor Maxwell talked about is foster care, many of the youth have mental health issues, and sometimes the violence comes from mental health issues. I think the Board acknowledged that there are a lot of mental health issues with youth in foster care, so I think whether she said it or didn't say it, that was a part of her presentation, and I think we decided as a Board that that was an issue we should address. I know that was an issue discussed.

We did talk about the issue of violence. People who have come from Bayview have talked about the violence in Bayview, so what is your concern?

Mr. Casados: I believe that we are quoting Sophie Maxwell and I don't think she would appreciate it. I think we should remove the quotes.

Dr. Turner: Jacob Moody was talking tonight about violence being an end point and there are various issues, some of them related to mental health which are the antecedents. And there are also mental health consequences to violence. We as a Board own this resolution, but we were inspired by Sophie Maxwell. We are not getting into violence per se, but into the precursors and the consequences of it. Sophie's staff has verified this part of the resolution. Does that make a difference, Benito?

Mr. Casados: I still think it's not right.

Dr. Turner: In that case, is there a second to the amendment from Benito that we strike the quotes from Supervisor Maxwell?

Dr. Turner: Hearing no second, the amendment does not pass. So we will proceed to the vote.

RESOLUTION (MHB-2006-08): RESPONDING TO VIOLENCE IN THE COMMUNITIES OF SAN FRANCISCO

WHEREAS, communities in San Francisco are suffering from a crisis of violence, including especially the murders of young men by young men, ages 17-24, and

WHEREAS, this violence is the cause of Post-Traumatic Stress Disorders in family members and young people in the community, and

WHEREAS, many people in the community are afraid to leave their houses at night, and witnesses to violence are afraid to give information to the police or to testify in court for fear of reprisals, and

WHEREAS, no community in a city like San Francisco, which considers itself enlightened and progressive, should ever have to live in such an atmosphere of fear, and

WHEREAS, it is known that 60% of the young men murdered have been in the City's foster care system and that 70% of the people in prison have been in foster care, and

WHEREAS, there is a high level of violence directed against homeless people many of whom are vulnerable due to mental illness and addiction, and

WHEREAS, in the words of Supervisor Sophie Maxwell, "People come from all over the world to San Francisco to be who they are, but our kids from the Bayview have to leave San Francisco to be able to be who they are," and

WHEREAS, as Supervisor Sophie Maxwell further states, "Racism has to be at the top of our priorities for change, because racism is a violent act, and neglect is a violent act," now therefore

BE IT RESOLVED, that the Mental Health Board urges Community Behavioral Health Services and the Department of Public Health to consider violence as a public health issue, as well as a criminal justice issue, and to place a top priority on services to prevent violence and to respond immediately to the needs of victims, the families of victims, and the families of perpetrators following an incident of violence, and

BE IT FURTHER RESOLVED, that the Mental Health Board recommends that violence prevention be treated as a top priority not only for new funding under the Mental Health Services Act (Proposition 63) but for the base funding of Community Behavioral Health Services, and

BE IT FURTHER RESOLVED, that Community Behavioral Health Services continue to work with the Department of Human Services to make significant improvements in the foster care system toward the end of preventing violence, and

BE IT FURTHER RESOLVED, that the Mental Health Board commends the Mayor and the Board of Supervisors for the steps they have taken so far, and urges them to develop a total, coordinated, city-wide response along the lines of the Boston Strategy for Youth Violence Prevention during its best periods (www.bostonstrategy.com/), which would mean not just adding another program to the range of City services, but would mean changing the City's operating system with regard to youth violence prevention, and

BE IT FURTHER RESOLVED, that the Mental Health Board commends Supervisor Sophie Maxwell for her advocacy of violence prevention during the planning process for the Mental Health Services Act, with the Mental Health Board, and in the City in general, and for taking a clear and convincing stand for treating violence is a public health issue, and

BE IT FURTHER RESOLVED, that the Mental Health Board urges the City and County of San Francisco to take up the challenge issued by Supervisor Maxwell when she said, "I really believe this violence could be stopped overnight, and that the reason it continues is basically because of neglect."

(Passed unanimously, except for a no vote by Benito Casados.)

Item 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board

Ms. Brooke: Rich Snowdon will be leaving on March 17th. He's had a private practice as a life coach for nonprofit leaders for the past seven years. He's now going to be doing that full-time. We have hired Ayana Baltrip to replace him.

5.2 Report from the Chair of the Board and the Executive Committee

Dr. Turner: I think it's very significant that we have our committee structure back together. Lisa has volunteered to chair the Program and Education Committee. Michael

has had to resign as Chair of the Budget Committee, but James McGhee has volunteered for that.

5.3 Report by members of the Board on their activities on behalf of the Board.

Mr. Hines: I'm putting together a team for the Out of Darkness walk for suicide prevention. If you'd like to join my team, call me.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

There were no comments.

5.5 Public comment relevant to Item 6.0

There was no public comment.

6.0 PUBLIC COMMENT

There was no additional public comment.

There being no further business, the meeting was adjourned at 8:30 p.m.



Gavin Newsom
Mayor

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, April 12, 2006
101 Grove Street
3rd Floor, Room 300
6:30 p.m.

PLEASE NOTE: THIS MEETING IS BEING HELD AT
101 Grove Street, Room 300

CALL TO ORDER

DOCUMENTS DEPT.

ROLL CALL

APR - 7 2006

AGENDA CHANGES

SAN FRANCISCO
PUBLIC LIBRARY

Item 1.0 DIRECTORS REPORT

For discussion.

04-07-07A10 26 RCV

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public comment relevant to Item 2.0

Item 2.0 PRESENTATION: Supervisor Chris Daly

For discussion.

2.1 Presentation

2.2 Board discussion of possible Board responses to the presentation.

2.3 Public comment relevant to Item 1.0

Item 3.0 ACTION ITEMS

For discussion and action.

3.1 Public comment relevant to Item 3.0

3.2 Proposed Resolutions

3.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of March 8, 2006 be approved as submitted.

Item 4.0 REPORTS

For discussion and possible action.

- 4.1 Report from the Executive Director of the Mental Health Board
- 4.2 Report of the Chair of the Board and the Executive Committee.
Training in preparation for doing Program Reviews
- 4.3 Report by members of the Board on their activities on behalf of the Board.
Discussion about information from the Regional Mental Health Board Training
March 31 - April 1, 2006.
- 4.4 New business - Suggestions for future agenda items to be referred to the
Executive Committee.
- 4.5 Public comment relevant to Item 6.0

Item 5.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

- 1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
- 2. Meetings are held at 101 Grove Street, (corner of Polk and Grove Streets), in Room 300. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, 14 Mission, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
- 3. 101 Grove Street is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Polk Street.
- 4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

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The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

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Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine.htm

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

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SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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UNADOPTED MINUTES

Mental Health Board
Wednesday, April 12, 2006
101 Grove Street, Room 300
San Francisco, CA 94102
6:30 p.m.

DOCUMENTS DEPT

MAY - 5 2006

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BOARD MEMBERS PRESENT: James L. McGhee; (Co-Chair); Benito Casados; Bob Douglas, J.D.; James Shaye Keys; Kate Walker.; Claudia Lebish; Toye Moses, Ph.D., M.P.H.; Tom Purvis; Jagruti Shukla, M.D.; M.P.H.; Lisa Williams;.

BOARD MEMBERS ABSENT: Supervisor Bevan Dufty; Rebecca Turner, Ph.D.; John Kevin Hines; Michael Medema; LaVaughn Kellum-King; Idell Wilson.

PRESENTERS:

Chris Daly, Board of Supervisors, District 6

OTHERS PRESENT: Michael Wise; Sheldon Ciment; Helynna Brooke (MHB Executive Director)

CALL TO ORDER

The meeting was called to order at 6:30 p.m. by James McGhee, Co-Chair.

ROLL CALL

AGENDA CHANGES

1.0 DIRECTORS REPORT

1.1 Directors Report

Dr. Cabaj: We have been using Ken Minkow and Christy Cline as our consultants for integration. Their contract is up in June. We are going to revise it so they come every other month for shorter and more program focused meetings. Then we will be finishing the final phases of integration which are clinical and pragmatic. So we will be doing a lot of training and we will be doing a lot of work with programs and we will be finishing the touches of what we saw as a partnership. Programs that provide mental health services or substance abuse services will have a sister program to provide the other service. They can help each other clinically as they move through.

The biggest news is that we got the approval of our MHSA plan. I just came back from Sacramento. The original letter is one of your attachments. The funding says that it is just until June of 2006 and I clarified with the state today what that meant. They just

sent out the letters as a holder and next week they will send out contracts with more details with how the money will be allocated to us from the state which will be three years worth of funding. It covers the plans for each age group as worked out by the task force. The only area they didn't fund yet are the moneys related to IT, or information technology. They still have a lot of questions. Other counties have had to answer questions too. We are one of six counties who have received letters to date. We will be writing the RFP, and hopefully get it out very soon so we can move the money into community programs.

As you know we have been working a lot on violence response which was the feature of the past few board meetings. We have had a crisis response team. Barbara Garcia has taken over the community programs intervention and we are reshaping and reviewing the programs to expand the staff and be more responsive to the needs and we will be getting some additional moneys from the MHSA so we will use that to help with planning processes. And part of the programs will also go out to bid and we are targeting the Bayview areas, so we are very excited about the additional funds and will build on the work that the community response team has done.

We have also been revising our performance outcomes, looking to more standard ways and to effectively measure progress. What's most important with our clients is the establishment of the Recovery Model and making sure people actually get better and move through the system and that their lives get better. Our objectives often just measured how many units of service and so on. So the objectives we are working on are much more oriented towards the progress of individuals and the family and their activity in the community and making themselves feel a meaningful part of life and measuring the partnership with our system. The details are just about finished and we are having some special trainings with our providers and they will be part of the 06-07 contracts.

The written Directors Report was distributed:

Integration. Community Behavioral Health Services is moving forward with the integration of Mental Health and Substance Abuse. Our thanks to all the programs who have actively participated in the developmental process this past year, and special kudos to programs that have contributed change agents to this important effort! Our integration consultants, Ken Minkov and Christy Cline, provided two days of training and brainstorming with program and administrative staff on March 30th and 31st.

The Change Agents and CBHS Program Managers received joint training on the counselor/clinician assessment tool, the CODECAT. Productive discussions also ensued with these groups who shared experiences with COMPASS-related Quality Improvement Action Plans, and addressed cultural differences between Mental Health and Substance Abuse staff. Change Agents and Program Managers will work closely on integration goals as CBHS moves forward into our implementation phase.

The Integration Advisory Committee and Integration Implementation Workgroup met together to begin our annual assessment of integration progress of CBHS system using the CO-FIT. This process will continue at joint meetings of the Integration

Implementation Workgroup and Integration Advisory Committee during April and May.

As CBHS moves forward with the implementation of integration, programs should work closely with their program managers and change agents when issues and questions arise. Integration concepts that will be important in Fiscal Year 06-07 include:

1. The Integration Consensus Statement
2. The Compass program assessment tool
3. Program Quality Improvement Actions Plans based on Compass results
4. Program Welcoming Procedures
5. Designation of Program Change Agents
6. Codecat assessment by program staff
7. Program partnerships
8. CBHS policies on Welcoming, Dual Diagnosis Capability, Universal Screening, and Billing

Dr. Cline met with two prevention programs to brainstorm full participation in the integration process. Implications for the Compass, client screening, welcoming procedures, and partnerships were discussed.

An integration update event for Program Directors, Executive Directors, and Change Agents will take place May 19th or 20th. Please save the date to learn the latest on CBHS Integration Implementation.

Mental Health Services Act (MHSA) Update. San Francisco has been notified by the California Department of Mental Health (CSS) that we are the fourth County to have our Community Services Supports Three-Year Program and Expenditure Plan approved. This approval brings us the opportunity to begin spending funds from the November, 2004 voter-approved Prop 63, now known as the Mental Health Services Act, which provides increased funding, personnel and other resources to support mental health programs for children, transition age youth, adults, older adults and families. The first round of approved funding covers the remaining three months of the current fiscal year. We have been authorized to expend \$1.3 million for CSS programs and administrative costs, plus \$1 million in one-time funding for items such as rent subsidies for transitional age youth, community violence and trauma recovery services and equipment to support two Access Team sites. These funds will become available for use over the next few months; the majority of this funding will be included in a Request For Programs (RFP) process to be published this Spring.

Our heartfelt thanks to the members of the MHSA Task Force who contributed their time, energy and ideas to this planning process! The Task Force is re-grouping into an Advisory Board that will continue to work collaboratively with CBHS in the planning and implementation of MHSA services. The Task Force will meet 6 times per year at Community Forums and Advisory Board Meetings, the next one scheduled in June.

Two Community Forums were held to receive input on MHSA Peer-Related Services for Children, Youth and Families, Transitional Aged Youth, Adults and Older Adults. Community members provided valuable insight into the aspects of peer-related services that they appreciated most. Thanks to all who came to these forums.

Establishment of the DPH Crisis Response Team. In order to provide support and services for the individuals and families affected by violence, the Department of Public Health's Community Programs Division has established the DPH Crisis Response Team. In the event of gun or stabbing incident (particularly a homicide), the Response Team will be available to respond to the scene of the incident or the hospital to assist the family members of the victim(s) or affected members of the community. They will also provide short-term case management services to assist the family for the following weeks.

The DPH Crisis Response Team will be a component of the CBHS Comprehensive Child Crisis Services. This team will expand upon and replace the BayView Critical Incident Response Team (CIRT) by responding 24-hour/7-days a week and on a city-wide basis. The initial DPH Crisis Response Team staff consists of Stephanie Felder (Supervisor), Yul Dorn, and Lynn Westry. For more information, contact (415) 970-3800.

Performance Objectives. Using a quality improvement framework, CBHS has recently completed an eight week planning process to identify outcome-driven performance objectives across all providers for substance abuse treatment and mental health treatment services. The planning workgroup includes representatives from program managers, IT managers, contract managers, fiscal manager, mental health contractors' association, and substance abuse contractors' association. Within the limitation of data currently collected for billing purpose, the workgroup was able to come up with indicators to track change in the two essential domains: reduction in symptoms and improvement in functioning. This new set of performance objectives will be included in the fiscal year 06-07 contract, along with the existing process objectives.

This set of objectives will be evaluated next year for its usefulness as indicators of change, as well as tools for quality improvement.

Federal Substance Abuse Mental Health Services Administration System of Care Grant.

San Francisco received a six-year System of Care Grant from the Federal Government in 2002. Funds from this grant have allowed San Francisco to expand mental health services for children, youth and their families.

On Monday March 27, a video crew from Social & Health Services, Ltd, interviewed youth, parents and staff from the Children System of Care Program located in Bayview Hunters Point. The agency has been contracted by SAMHSA (The Substance Abuse and Mental Health Services Administration) to film a short video to educate national, Federal, State, and local systems change agents on the five key principles for Children and Families, and motivate them to infuse these principles in to the policies and programs they carry out at various levels. These principles are: Children need to be viewed and understood within a developmental framework, Children are a part of families, so families need to be viewed and understood holistically; Prevention, early intervention and treatment must be provided within a public health context; Services and supports for children, adolescents and their families should be family-driven and youth-guided; culturally and linguistically competent, individualized and strength-based; and community-based, and Behavioral health care needs to be comprehensive, coordinated and integrated across multiple child- and family-serving systems.

San Francisco Children System of Care is the only site selected for this video shoot among all the funded system of care communities nationwide. The video shoot took place at a Youth Task Force meeting in the afternoon, and at the evening Family Support Night meeting for parents, grandparents, adolescents and children.

Medicare Forum: Making Sense of Part D, is a half-hour television program that addresses commonly asked questions about this complicated plan. Who is eligible? Are there penalties for late enrollment? How does one choose the right plan? When and why is it better NOT to enroll? What are the pitfalls? These are just some questions that will be addressed.

Your local PBS station will air the program in April. Please check your local listing for the day and time it's on your station.

Please be sure to meet the enrollment deadline of May 15, 2006, after which CBHS will no longer provide medications to Medicare-eligible clients.

Other Upcoming Events:

NEXT PROJECT HOMELESS CONNECT DAY IN APRIL The next PHC Day is Thursday, April 13th, and DPH employees are encouraged to volunteer. Information about PHC is available online at: <http://www.projecthomelessconnect.com>.

Project Homeless Connect 9 held February 16th, 2006, engaged 1,291 volunteers and served 1,792 homeless clients. The most ever!

GIANTS NIGHT 2006 - Please join Mayor Newsom as he throws out the first pitch Monday, July 31st at Project Homeless Connect Night.

The San Francisco Giants have partnered with Project Homeless Connect to help raise awareness and money. Tickets are \$20 of which part or the proceeds go directly to Project Homeless Connect. Go to the Special Events page and buy tickets.

Come hang out with other volunteers and spread the word about Project Homeless Connect. If you can't come yourself, buy a ticket and donate it to a homeless client. This is a fantastic way to support Project Homeless Connect.

A talk by Norm Stamper April 21, 2006 - "A Top Cop's Perspective: The Public Health Benefits of Ending the Drug Wars". Mission Neighborhood Health Center, San Francisco Department of Public Health, Law Enforcement Against Prohibition and Drug Policy Alliance invite you to hear a talk by Norm Stamper, Ph.D. on Friday, April 21st from 12:00-1:30 pm at Mission Neighborhood Health Center, 240 Shotwell Street (corner 16th Street) 2nd Floor Conference Room.

Norm Stamper, Ph.D., was a police officer for 34 years. He served as chief of the Seattle Police Department from 1994 to 2000. In his 28 years with SDPD Norm rose quickly through the ranks and as a deputy chief served in each of the agency's bureaus. He also served as Executive Director of Mayor Pete Wilson's Crime Control Commission for

three years. Norm received numerous awards and citations during his career in San Diego

California Outcomes Measurement System (CalOMS) Training April 24, 2006 - The California Outcomes Measurement System (CalOMS) is a statewide client-based data collection and outcomes measurement system. CalOMS will allow the Department of Alcohol and Drug Programs to effectively manage and improve the provision of alcohol and other drug services at the state, county, and provider levels.

CBHS is providing another training session for COUNSELORS/PROVIDERS on Monday, April 24th from 1:00 to 3:00 pm at the Hiram Johnson State Building, 455 Golden Gate, Lower Level Auditorium. Since space is limited, please submit registration ASAP. NO ONE will be admitted unless pre-registered.

CMHDA Older Adult System of Care Conference: "Older Adults and Their Community: Building Full Service Partnerships April 27 - 28, 2006". Sponsored by the California Institute for Mental Health. This conference is being held in San Francisco. To register please visit <http://www.cimh.org/downloads/Registration%20Form23.pdf>

The 1st National Harm Reduction Therapy Conference is taking place in Seattle on May 5th and 6th (right after the International Harm Reduction Conference in Vancouver). All of the originators and innovators in harm reduction treatment models will be there. The format of the conference is very exciting and will allow for dialogue between presenters and participants. There will be no breakout sessions. Each talk will be followed by a facilitated discussion. This is an important opportunity not only to dialogue with the creators of harm reduction therapy but to shape the future of harm reduction therapy. Please join us for this important conference! Registration is limited to 200, so register early. Visit the Harm Reduction Therapy website and register online at www.harmreductiontherapy.com.

"OUT OF THE DARKNESS OVERNIGHT " Sponsored by The American Foundation for Suicide Prevention, Out of the Darkness Overnight is a 20-mile journey through the night, from dusk until dawn. It's a unique opportunity to help shed light on suicide, its impact and its prevention. The walk brings together friends, family members and loved ones whose lives have been touched by suicide or depression. This walk gives them a way to turn their heartbreak into hope for tomorrow.

The Overnight will take place in San Francisco on July 22-23, 2006. For further information call 888-NIGHT-05 or visit www.theovernight.org

Mr. McGhee: Thank you very much Bob. Are there any questions from Board members?

Mr. Douglas: Has there been an increase in mental health problems because of the rain?

Dr. Cabaj: We've been asking and I don't think we've heard any real changes. The most common would be an increase in depression because there truly is a syndrome called SAD, seasonal affective disorder. I've talked to some people from Seattle and Portland and they say this is nothing that we are going through. They are used to it, so they think

we need to toughen up here. I have not actually heard of any increase in people seeking help for depression or worse, increased suicides. But we will keep attuned.

Dr. Moses: I want to thank you for your comprehensive report. I am glad you are providing us with a written report.

Mr. Casados: I am unclear why we call our services both Community Programs and Community Behavioral Health Services.

Dr. Cabaj: Barbara Garcia is Director of Community Programs. I am Director of Community Behavioral Health Services which is under Barbara's management along with housing, AIDS, and Prevention. It does sound a little confusing but Community Programs is the overall name with Community Behavioral Health Services a part of Community Programs.

Mr. Purvis: In Los Angeles there is a frequent problem of "dumping". This is clients being dumped in front of programs. Is there any indication of this happening in our city?

Dr. Cabaj: We have a placement service that does a pretty good job of making sure clients are placed in programs. And our police officers in San Francisco, especially with the additional training the Mental Health Board provides, do not just dump people in the street. They take them to psych emergency or make the connection with programs. We have seen indication of other counties sending their clients to us.

Dr. Moses: LaDonnis Elston gave a great presentation several months ago about programs dealing with violence prevention in the Bayview. Has the position been replaced yet, and are you considering someone who can be sensitive to the issue.

Dr. Cabaj: We have three Deputy Director positions currently open; Dr. Elston's, Children's and Blanche's. We also are looking for someone to oversee Proposition 63 implementation. We will have four new directors at the same level as Dr. Elston. We are actively recruiting.

Mr. McGhee: Speaking of Proposition 63, will Board members be able to participate in the RFP process and how will this be structured?

Dr. Cabaj: We can do that. Any board members interested could participate as long as the board member is not seeking the funds or part of the group applying. There are four larger areas of funding: older adult, adult, transitional youth, and children. Within these areas there will be multiple programs, so we expect to have at least eight teams of people to review the RFPs. We hope to have consumers and family members on each of the teams. Board members are welcome.

Dr. Shukla: Will it be possible for any of the teams to meet in the evening?

Dr. Cabaj: I will look into that possibility.

Mr. McGhee: Thank you Dr. Cabaj for your report.

1.2 Public comment relevant to Item 1.0

There was no public comment.

2.0 PRESENTATION: Chris Daly, Supervisor, District Six, San Francisco Board of Supervisors.

2.1 Presentation

Supervisor Daly: Thank you for inviting me to the Mental Health Board. I want to start by talking about funding for mental health services in the upcoming budget. Discussion is happening between public health and the mayor's office. The Mayor's Office has asked the health department to take \$7 million in cuts, but they have not been taken yet. So many of the programs in the Department of Public Health are community contract programs which are easier to exact cuts from than institutions. A bulk of the contracts are in Community Behavioral Health. It is very important to me to avoid cuts. I will be working to get through this years budget cycle without cuts.

District Six is disproportionately impacted by mental health issues. There is some discussion regarding a resolution passed a few years ago to look at street level drop-in services on 6th Street or South of Market and other underserved areas. There is a possibility of funding for a street-based drop-in and outreach services for homeless and mentally ill people and people dealing with substance abuse issues. Some of the funding will come from the SOMA Community Stabilization Fund resulting from high-rise development in the eastern part of South of Market.

I am very interested in recommendations from this board regarding our policy decisions about mental health needs. Thank you for inviting me.

Mr. Casados: I thought there was a surplus this year.

Supervisor Daly: We finished today appropriating the current year surplus of \$55 million, even though we are looking at a \$30 million deficit next year. There are cost increases and some of the revenues may slow because of the increase of interest rates.

Mr. Walker: I applaud you for your ideas about a drop-in center. It will be important for it to be easy for everyone to get there. What a wonderful opportunity. I hope it is a client run center.

Mr. Douglas: Every year we seem to go through the same battles with the budget but we always seem to find the money.

Supervisor Daly: We have had five years in a row of budget deficits. The mayor asks departments to make cuts, then the supervisors move \$10 million of general fund back into the budget. If the balanced budget comes back June 1st with significant cuts in mental health programs, I'm going to do everything I can to restore those programs.

Dr. Shukla: Regarding potential cuts in Behavioral Health, if we are minimizing the institutional cuts and typically cutting contract programs, would these cuts diminish the effectiveness of Proposition 63 funds?

Supervisor Daly: Let me clarify that. I haven't heard discussion about specific cuts, just that cuts are often made to contract programs rather than institutions. Technically the answer is no, but perhaps it does allow more cuts in similar services because of that money.

Ms. Walker: If this turns out to be a year of plenty instead of a year of famine, there are two measures that continue to come up year after year. There ought to be a 24 hour drop-in center and a 24 hour mobile crisis team. I strongly believe that if they were established, it would save money.

Supervisor Daly: I strongly support both of those ideas.

Dr. Moses: I want to thank you and commend you for your support of mental health. We have lots of problems in the Bayview with violence. I urge you to continue to support these intervention programs in the Bayview.

Supervisor Daly: We just released \$5 million for violence prevention which will provide crisis counseling, and intervention services.

Mr. Casados: Do the rest of the supervisors realize that when you cut mental health services, you are cutting from people who could go into crisis if the services weren't there. Also, the proposed cuts cause panic in mental health clients.

Supervisor Daly: I believe the majority of my fellow supervisors are opposed to cuts in mental health services. The question is the resolve to restore or enhance programs. We can always use support for these issues.

Ms. Lebish: I applaud the idea of a drop-in center. Could there be tax incentives for businesses to help fix up areas like sixth street?

Supervisor Daly: Supportive housing models have been most effective in helping people. Businesses are generally not interested.

Mr. Keys: There are programs such as Project Homeless Connect, Care Not Cash, and Operation Outreach by the police. Is there any way we are documenting whether these are successful or not.

Supervisor Daly: There are attempts to use some of his (Mayor) role to oversee some of the programs. Every administration has rebranded homeless programs. I am not sure how much is changing. The office of the mayor has broad powers to organize resources as they choose. It is difficult for supervisors to organize this.

Supervisor Daly: One of the good things to happen today is a little over \$5 million dollars for violence prevention programs to deal with the epidemic of violence in San

Francisco. We also were able this past year to stop the rollback of the single standard of care which is good news to lower income consumers.

2.2 Board discussion of possible Board responses to the presentation.

There was no discussion.

2.3 Public comment relevant to Item 2.0.

Mr. Wise: Regarding an article in the Chronicle about Care not Cash, District 6 is the most impacted in funding shelter and housing for these people. Have you seen measurable progress?

3.0 ACTION ITEMS

3.1 Public comment relevant to Item 3.0

There was no public comment.

3.2 Resolutions

3.2a RESOLUTION (MHB-2006-06) Be it resolved that the minutes of the Mental Health Board meeting of March 8, 2006, be approved as submitted. (Passed unanimously.)

4.0 REPORTS

4.1 Report from the Executive Director of the Mental Health Board

Ms. Brooke: The 17th Police Crisis Intervention Training is coming up on April 24, 2006. I have several volunteers from the board, Tom Purvis, Kate Walker, Benito Casados, and Bob Douglas, who will be helping with the training. If there are any other consumers or family members interested, please talk to me.

4.2 Report of the Chair of the Board and the Executive Committee.

4.3 Report by members of the Board on their activities on behalf of the Board.

Mr. McGhee: I met with President Peskin. I wanted to talk to Mr. Peskin about getting additional funding for the Mental Health Board for full-time support staff. We could also use more money to do more things in the community as a board. I mentioned to Mr. Peskin that we have been meeting in 101 Grove. He commented that there was a room in City Hall, Room 278, the Board of Supervisors conference room. Our chair, Dr. Turner, and Ms. Brooke, looked at the room. Dr. Turner suggested that we try it for May. There is no cost to use the room.

Dr. Moses: It sounds more cost effective to use City Hall.

Mr. Keyes: I agree, it is cost effective, and maybe we could get more people there.

Dr. Shukla: I find it hard to hear in this room.

Ms. Walker: I find it also hard to hear, as well as to see other members.

Mr. Casados: We had more people showing up at 1380 Howard.

Mr. Douglas: City Hall would feel safer.

Mr. McGhee: It is important that the public knows where we are, and where to find us.

Ms. Williams: People tend to move around to different meetings at City Hall.

Ms. Lebish: I miss the intimacy of the conference room layout.

There was general consensus to hold the meeting in May at City Hall.

Discussion about information from the Regional Mental Health Board Training March 31 - April 1, 2006.

Ms. Walker: I spoke with several board members from Berkeley and Sonoma who will be sending me information about how they do their site visits. Ms. Williams nominated James McGhee for the position of Chair for the Northern California Region and he was elected.

Mr. McGhee: I was elected to the California Institute of Mental Health Association board for the northern California region.

Mr. McGhee: Our board had the most people at the conference, ten members. Dr. Moses returned on March 29th from Africa and got there and Ms. Williams had a major annual dinner Friday that took a lot of her time and energy and I know she was very tired but she got there too. I want to commend both of you and all of the board members who attended.

4.4 New business

Dr. Moses suggested that we have the new Health Director for Southeast Health Center speak to us about plans for Bayview.

Mr. Casados: I would like Progress and Conard to come explain their programs to us.

Ms. Lebish: I would like to learn about San Francisco's plans regarding mental health services during a natural disaster. The 100 year commemoration of the 1906 earthquake is coming up so it is a good time to think about what would happen if we have another earthquake. Do we have the mental health services in place? I would like to request that Ms. Brooke report to the Board on the status of disaster leadership in San Francisco.

Dr. Moses: I would like to hear from the new Director of the Youth Guidance Center.

Mr. Purvis: I just want to remind everyone that the National Association for the Mentally Ill annual walk is coming up. I will bring the announcements to the next board meeting.

Mr. McGhee: We need to get the committees up and functioning. I am chair of the Budget Committee and Lisa Williams is chair of the Programs and Education Committee. At the next board meeting I would like the chairs to announce when they are going to have their meetings. It would be preferable if committees could meet prior to the Executive Committee which meets the fourth Thursday of the month, so that issues could be brought to the Executive Committee from the other committees.

4.5 Public comment relevant to Item 4.0

There was no public comment.

5.0 PUBLIC COMMENT

Member of the public: It is difficult to hear board members because they forget to use the microphone. I am the father of two schizophrenic children. I just heard about this board meeting. It would be good if the board could get the word out about your meetings.

ADJOURNMENT

There being no further business, the meeting was adjourned at 8:30 p.m.



SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, May 10, 2006
CITY HALL
One Dr. Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 p.m.

PLEASE NOTE: THIS MEETING IS BEING HELD AT

City Hall, Room 278

DOCUMENTS DEPT.

CALL TO ORDER

APR 24 2006

ROLL CALL

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AGENDA CHANGES

04-24-07A02.31 RCL

Item 1.0 DIRECTORS REPORT

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public comment relevant to Item 1.0

Item 2.0 PRESENTATION: TBA

For discussion.

2.1 Presentation

2.2 Board discussion of possible Board responses to the presentation.

2.3 Public comment relevant to Item 2.0

Item 3.0 ACTION ITEMS

For discussion and action.

3.1 Public comment relevant to Item 3.0

3.2 Proposed Resolutions

3.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of April 12, 2006 be approved as submitted.

Item 4.0 REPORTS

For discussion and possible action.

- 4.1 Report from the Executive Director of the Mental Health Board
- 4.2 Report of the Chair of the Board and the Executive Committee.
Training in preparation for doing Program Reviews
- 4.3 New business - Suggestions for future agenda items to be referred to the Executive Committee.
- 4.4 Public comment relevant to Item 4.0

Item 5.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

- 1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
- 2. Meetings are held at 101 Grove Street, (corner of Polk and Grove Streets), in Room 300. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, 14 Mission, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
- 3. 101 Grove Street is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Polk Street.
- 4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

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To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics.



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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, May 10, 2006
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One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 p.m.

**PLEASE NOTE: THIS MEETING IS BEING HELD AT
CITY HALL, ROOM 278**

CALL TO ORDER

DOCUMENTS DEPT.

ROLL CALL

MAY - 5 2006

AGENDA CHANGES

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Item 1.0 DIRECTORS REPORT

05-05-07A10:47 RCVD

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public comment relevant to Item 1.0

Item 2.0 PRESENTATION: San Francisco Sunshine Policy

For discussion.

2.1 Presentation: Video of the San Francisco Sunshine Policy

2.2 Board discussion of possible Board responses to the presentation.

2.3 Public comment relevant to Item 2.0

Item 3.0 ACTION ITEMS

For discussion and action.

3.1 Public comment relevant to Item 3.0

3.2 Proposed Resolutions

3.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of April 12, 2006 be approved as submitted.

3.2.b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends Stan Lipsitz, Ph.D. for his 34 years of service to Community Behavior Health Services.

Item 4.0 REPORTS

For discussion and possible action.

4.1 Report from the Executive Director of the Mental Health Board.

Report regarding emergency preparedness of Community Behavioral Health Services during a citywide disaster.

4.2 Report of the Chair of the Board and the Executive Committee.
Discussion regarding Proposition D.

4.3. Budget Committee Report: James McGhee

4.4. Programs Committee Report: Lisa Williams

4.5. Report by members of the Board on their activities on behalf of the Board.
Report of key findings from completed Program Reviews.

4.6. New business - Suggestions for future agenda items to be referred to the Executive Committee.

4.7. Public comment relevant to Item 4.0

Item 5.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

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Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: sotf@sfgov.org

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1600 9th Street, Sacramento, CA 95814
(916) 654-3551

March 22, 2006

Robert Cabaj, M.D., Director
Community Behavioral Health Services
San Francisco Department of Public Health
1380 Howard Street, 5th Floor
San Francisco, CA 94103

Dear Dr. Cabaj:

On November 15, 2005, the California Department of Mental Health (DMH) received the Community Services and Supports (CSS) Three-Year Program and Expenditure Plan from San Francisco County. On January 17, 2006, the San Francisco County representatives met with the DMH Review Team to discuss the preliminary findings of the team regarding the status of your submission. Subsequent to this meeting, Carol Hood, Deputy Director, Systems of Care, communicated with you, in a letter dated February 2, 2006, that additional information was needed by DMH to complete the review process. The requested information was outlined in Ms. Hood's letter and the attachments. On February 23, 2006 DMH received the requested information. We have completed our review of those materials.

It is my pleasure to inform you, and all of the members of the San Francisco County mental health stakeholder group that your CSS plan has been approved. The Department will begin development of the performance contract consistent with the administrative procedures outlined in the Mental Health Services Act (MHSA) for funding of the proposed CSS programs and associated administrative costs in the amount of \$ 1,331,039 for FY 2005/06. This figure includes support activities described in your CSS work plans for three months, from March, 2006, through June, 2006.

The Other One-time funding requests for Information Technology items are currently being reviewed and will be addressed under separate cover. The approved Other One-time funding requests for programs and supports that can be expended in this fiscal year (total \$1,009,597) include the following:

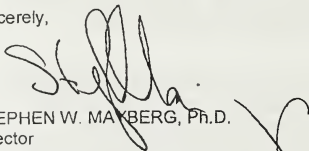
- Rent subsidy to support co-op housing for Transitional Age Youth: \$166,667 (years two and three of the total \$500,000 request will be allocated in those subsequent years)
- Community Violence and Trauma Recovery Service Consultation: \$124,505
- Telephone equipment to support two Access Team sites: \$140,000

- Early Childhood Mental Health Project evaluation: \$120,000 (years two and three of the total \$360,000 request will be allocated in those subsequent years)
- Evaluation of the services and needs at the Youth Guidance Center: \$100,000
- Four vans to support community based, peer-run services: \$150,000
- Fund for Stipends for Consumer/Family Member interns and volunteers: \$208,425

You will be notified in subsequent communications of the timing of the distribution of these funds.

Please accept my congratulations, on behalf of the Department of Mental Health, for the many accomplishments of your stakeholder group, providers and staff. You have taken the vision of hope contained within the Mental Health Services Act (MHSA) and translated it into services for persons with the most serious needs, including service alternatives to hospitalization and institutionalization, Mobile Outreach and Crisis Intervention, a full range of housing options, and other comprehensive services intended to address the unique needs of various age groups. Your successes will keep all of us pressing forward with our shared goal of transforming California's public mental health system.

Sincerely,



STEPHEN W. MAYSBERG, Ph.D.
Director

cc: Mental Health Oversight and Accountability Commission
California Mental Health Planning Council
Carol Hood, Deputy Director, Systems of Care, DMH
Michael Borunda, Assistant Deputy Director, Systems of Care, DMH
Dee Lemonds, Chief, Adult and Older Adult Program Policy, DMH
Dave Neilsen, Chief, Program Policy, DMH
Rebecca Kirby, Chief, County Operations, North/Bay Regions, DMH
Mike Oprendeck, Team Leader for this county, DMH
Chief, Fiscal Systems, DMH
Pete Best, County Operations Liaison, DMH

MENTAL HEALTH BOARD
ATTACHMENT A
May 10, 2006

PROPOSED RESOLUTION (MHB-2006-09): Be it resolved that the Mental Health Board honors Stan Lipsitz, PhD on the occasion of his retirement and presents him with a certificate of appreciation as follows:

*The Mental Health Board
honors*

Stan Lipsitz

*For over 34 years of dedicated service to San Francisco
as a clinician*

for the San Francisco mental health system.

*For your outstanding leadership
as Director of Team II Adult Outpatient Services
for Community Behavioral Health Services.*

*For your integrity and for your kindness
in dealing with clients, family members, staff, and the public.*

*We wish you the best as you leave behind
piles of paperwork and relentless budget battles,
and instead start taking classes for fun, and traveling to new places.*

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@igc.org
www.sfgov.org/mental_health

UNADOPTED MINUTES
Mental Health Board
Wednesday, May 10, 2006
City Hall, Room 278
San Francisco, CA 94102
6:30 p.m.

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JUN 12 2006

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BOARD MEMBERS PRESENT: Rebecca Turner, PhD, (Chair) James L. McGhee; (Co-Chair); Benito Casados; Bob Douglas, J.D.; James Shaye Keys; Kate Walker.; Claudia Lebish; Toye Moses, Ph.D., M.P.H.; Tom Purvis; Jagruti Shukla, M.D.; M.P.H.; John Kevin Hines, Michael Medema, Idell Wilson.

BOARD MEMBERS ABSENT: LaVaughn Kellum-King; Lisa Williams

OTHERS PRESENT: Sharal Camisa, Emeric Kalman, Helynna Brooke (MHB Executive Director)

CALL TO ORDER

The meeting was called to order at 6:33 p.m. by Rebecca Turner, Chair

ROLL CALL

AGENDA CHANGES

1.0 DIRECTORS REPORT

1.1 Directors Report

Dr. Cabaj: "There are staff changes happening. Albert Gaw is leaving, as well as Galen Leung. Deborah Sherwood has been named Director of Research and Evaluation and she will manage ongoing research and Proposition 63 research. Dr. Rucker has been promoted to Director of Grants, Training and Development. She will manage all training and coordination of new and future grants.

There will be a special training on Friday, May 26th at 10 am on the Mental Health Services Act Request for Proposal (RFP) procedures. Attendance is not required but encouraged. There will be five review panels: housing, children, youth and families, transitional youth, adult, and older adult.

On May 16th there will be a Press Conference for the Network of Care website. The State is providing it free to the counties for the first year. Ms. Brooke shared that her test of the website revealed that it is not coded to provide search responses to gay, lesbian, or homosexual services. If the keyword search is used for "women's mental health

services", it shows zero responses, while using "men's mental health services", one gets 11 subcategories and 89 listings. Using "women's services" there are 12 responses, while "men's services" elicits 143 responses. A search on "culturally competent" yields zero responses as well as "recovery model" and "access". Under the Support and Advocacy button, the Mental Health Board is not listed. Under the Library Button, the gender disparity, concerning women, is very concerning. There are only 24 articles in Healthwise Articles and only 41 in Network of Care Articles while there are 486 articles in Healthwise for men and 202 in Network of Care for men. This information had been provided to the California Women's Mental Health Policy Council for follow up.

CBHS integration of substance abuse and mental health is focused on developing partnerships between programs. Integration goals are now being incorporated into program contracts. Prior to now it was optional; now it is required. Some programs are much better with substance abuse while others are better with mental health. We are still training everyone in both disciplines, but with partnerships, they can exchange and share information and training."

Mr. McGhee: "What model are you using?"

Dr. Cabaj: "We use the harm reduction model but we have an appropriate way of phrasing it. We are not changing any particular programs model or structures, just integrating."

Mr. Casados: "What about programs that are saying they are dual diagnosis, but they really just medicate and most of the classes are substance abuse focused?"

Dr. Cabaj: "We now have an evaluator tool for programs to self-evaluate. This is done by the whole agency. It is not done in a punitive way. With everyone in the agency a part of the evaluation, you would be surprised at how candid it is. We also have an evaluation tool to be used by an outside source."

The contract website shows different objectives that are real measures for integration and Proposition 63."

Mr. Keys: "Does the program have to show progress for each person?"

Dr. Cabaj: "In the past, evaluations have been focused on how many clients were served. We are now stressing how many clients completed their program and how many got better."

Mr. Keys: "How often are these evaluations done?"

Dr. Cabaj: "The CALOMS evaluation, specifically for substance abuse is done at entry and after six months. The CBHS system does annual reviews."

Mr. Keys: "This seems to be an excellent way to continue to do follow up."

Dr. Cabaj: "We can also keep track of clients now if they change programs."

Ms. Lebish: "When was this new evaluation system started?"

Dr. Cabaj: "CALOMS evaluation was first done this January. It is a variation on an old scale but more relevant for actual progress.

CBHS has tried to be very proactive with our clients about the new Medicare Drug Plans. If you know of anyone who needs it, urge them to apply."

Mr. Casados: "What has CBHS done to help spread the word?"

Dr. Cabaj: "We have done mailings, posters in clinics, and informed all prescribing doctors to check with their patients."

Mr. Casados: "What specific help did you give clients? Even I had trouble and I am a very high functioning client.

Dr. Cabaj: "Mary Ann Sullivan, Director of Pharmacy, said that she would help anyone who needs it personally. Clients can still sign up after May 15th but the rate goes up."

Mr. Casados: "What about the rest of the clients who have not yet signed up?"

Dr. Cabaj: "About 40% of our clients have not signed up yet."

Mr. Casados: "I feel something more needs to be done."

Dr. Shukla: "A client can call the 800 number for information."

Mr. Casados: "I waited two hours on hold."

Mr. Purvis: "There is a move in Congress to extend the deadline."

Mr. Medema: "I have had clients who have been able to work with clients individually. It is difficult but staff is helping. He has sent clients to advanced training for the new program."

Dr. Cabaj: "We have learned that it takes an average of two hours to work with clients."

Ms. Walker: "People with no income or who are very disabled have until January 2007 to sign up."

Dr. Cabaj: "I hadn't heard that yet, but that would be good."

Mr. McGhee: "How many people in San Francisco does this effect?"

Dr. Cabaj: "About 4,000, but we may not know for sure for two months after the deadline."

Mr. Medema: "Those not accessing our services could get cut off."

Mr. Douglas: "Weren't most people assigned to a plan?"

Mr. Casados: "64% stayed with the original because it was too confusing to change."

Mr. Medema: "Walgreens will do a medication comparison of drugs but one of my clients came back with a 35 page handout to review."

Dr. Cabaj: "There are nine plans that affect people with mental illness who need a combination plan. We are helping people compare based on individual needs."

Dr. Turner: "Have you used any group settings to help people?"

Dr. Cabaj: "There might have been some in primary care but not mental health."

Dr. Turner: "Groups would seem less intimidating."

Mr. Medema: "The Mental Health Association has done a lot of training groups for both consumers and providers."

Mr. Casados: "If we receive Medicare and MediCal, fees don't go up but if a person just receives MediCal they do go up."

Dr. Cabaj: "May is Mental Health Awareness month. There was a Press Conference on May 8th at City Hall, and the Mayor declared May 8th as Mental Health Awareness Day in San Francisco."

The Director's Report has several announcements of upcoming events, such as the NAMI Walk on June 3rd. This Friday afternoon, there will be a workshop and awards for DPH programs honored for their cultural competency programs."

Dr. Moses: "Regarding the situation with the mentally ill in jails, it may not be a fair question as forensics is not under you, but the jail psychiatric contract was given to Haight Ashbury and now the money is in the Sheriffs Department. Can we advocate for that money?"

Dr. Cabaj: "The money is still with us, and still with Haight Ashbury Clinic, but Jo Robinson is the lead person and I meet with her once a month. Our real goal is to prevent people from going to jail. Our medical director does quality assurance reviews for the doctors at the jail."

Dr. Moses: "I am very impressed by your monthly report but I am curious as to when you have time to do it. You mentioned lots of new hires. Can you address the diversity issue?"

Dr. Cabaj: "Diversity is still a main goal. It is always there at the top of our priorities."

Mr. Casados: "In upper management there are no Hispanics. Is that something that will be rectified?"

Dr. Cabaj: "Barbara Garcia is Latina. We can only select from the people who apply, and we can't only hire a specific nationality. We are also encouraging minorities to apply."

Dr. Shukla: "Regarding partnerships, in primary health care centers, many mental health disorders are diagnosed. What are your plans for this integration?"

Dr. Cabaj: "We have plans for more behavioral health services at clinics and bringing more primary care staff to behavioral health clinics. We are also building in the requirement to partner with primary care and behavioral health care."

Mr. Douglas: "A doctor from Spain did a presentation to the Psychiatry Department at San Francisco General Hospital. Are the clinicians in behavioral health invited to attend?"

Dr. Cabaj: "Sometimes we learn about these after the fact. If we do hear about them, we share the information with our staff."

Mr. Medema: "Can you tell us what is happening with the Advisory Committee for Proposition 63? When will it meet?"

Dr. Cabaj: "It will meet on June 1st, and we will get the information out as soon as possible."

Dr. Turner: "Thank you Dr. Cabaj."

Monthly Director's Report

1. Commendation

I am pleased to announce that Albert C. Gaw, Medical Director of Quality Management, CBHS, has been selected by the Board of Trustees of the American Psychiatric Association (APA) to be the recipient of the APA 2006 Kun-Po Soo Asian American Award for significant contributions in Cross-Cultural Psychiatry and for advancing Cultural-Competent Asian American Mental Health Programs. Dr. Gaw will be presented the award as well as give an award lecture at the APA Annual Meeting in Toronto in May, 2006. *Congratulations!*

2. Comings and Goings

New CBHS Director of Research and Evaluation. Deborah Sherwood, Ph.D., has been named Director of Research and Evaluation for Community Behavioral Health Services. Dr. Sherwood received her Ph.D. in Applied Social Psychology at the Claremont Graduate School in Southern California. She served as the Director of the Tobacco Use Prevention Program for the Pasadena Public Health Department in the early 1990s, and subsequently as a Research Analyst in the Riverside County Department of Mental Health. After several years as an independent evaluation consultant in Los Angeles, Dr. Sherwood became a Senior Research Associate at EMT Associates in Sacramento, and served as the National Research Coordinator for Starting Early Starting Smart, SAMSHA-funded integrated behavioral health program for high-risk families in 12

states. Dr. Sherwood was also the Principal Investigator of a CSAP National Data Coordinating Center for a youth substance abuse prevention program in 15 states. After moving to San Francisco, Dr. Sherwood was an evaluation consultant to several state and federal behavioral health programs serving communities of color. For the past five years, she has worked as a Research Psychologist for San Francisco's Community Behavioral Health Services, managing research and evaluation projects for the Child, Youth, and Family System of Care. In her new role as Director of Research and Evaluation, Dr. Sherwood will be responsible for internal research and evaluation of our clinical services, and will manage the evaluation of programs funded by the Mental Health Services Act. She will also work to fully integrate and coordinate the use of mental health and substance abuse treatment data for effective and informed decision making.

New CBHS Director of Grants, Training, & Development. Toni Rucker, Ph.D., has been named Director of Grants, Training, & Development for Community Behavioral Health Services. Dr. Rucker received her Ph.D. in Sociology at the University of Michigan in Ann Arbor, Michigan. She served as a Researcher on multiple grant projects at the Institute of Social Research at the University of Michigan in the late 1990s. She conducted survey research and worked collaboratively with social scientists and Epidemiologists to design research studies and conduct complex analysis, and develop grant applications. Dr. Rucker also served as an Evaluation Consultant to behavioral health programs serving communities of color in Detroit, Michigan and low-income families in Ann Arbor and Ypsilanti, Michigan. She also served as a Research Consultant and Training Assistant for several University of Michigan Hospital initiatives, to address health disparities and access to care for African Americans. For the past five years, Dr. Rucker has worked as an Epidemiologist for CBHS' Grants, Research, Evaluation, and Development Division. In her new role as Director of Grants, Training, and Development, Dr. Rucker will be responsible for coordinating and developing grant applications that address service enhancement, developing training protocols and the training calendar, facilitating the CBHS Training Committee, and overseeing the evaluation of all CBHS grant funded service and research projects. She will also work to identify best practices for the integrated mental health and substance abuse treatment system and working with stakeholders to develop implementation strategies for these priorities.

Congratulations to Deborah and Toni!

Contracts. Galen Leung, Director of the DPH Office of Contract Management and Compliance for many years, has left the Department to join the staff of the San Francisco International Airport, where he will be assisting that department in developing and administering contracts management and administration operations. A job announcement has been issued to fill this vacancy. Best wishes to Galen!

3. Mental Health Services Act (MHSA) Update

On May 4th, CBHS received a notice from the State Department of Mental Health that \$2.3 million of Community Services and Supports and one time funding has been approved. Still pending final approval are \$2.3 million of requests for one-time System Improvements. CBHS plans to release an RFP for MHSA services for Children, Youth

and Families, Transitional Age Youth, Adult and Older Adult Services. Community members (including consumers, family members, and providers) interested in applying to serve on an RFP Review Panel are invited to attend a training on the **RFP Review Panel Process on Friday, May 26th at 10 am**. The training will provide information on panel member responsibilities and requirements, time commitment, and compensation. Please RSVP by May 19th if you are interested in attending this training to Kathleen Minioza at 415-255-3585 or kathleen.minioza@sfdph.org.

Network of Care. A new website sponsored in part by the Mental Health Services Act will be launched next week.

On Tuesday, May 16, at 10 a.m., the San Francisco Department of Public Health and the Mental Health Association of San Francisco will host a press conference at the Central City Hospitality House, 290 Turk St. @ Leavenworth, to kick off www.networkofcare.org.

The Network of Care for Mental Health website is an interactive, single information place where individuals, professionals and anyone concerned about mental health can go to easily access a wide range of information about mental health. The resources in this virtual community are a rich mix of options such as a quick, comprehensive service directory of the community-based providers in each California county, making it easy to put people in touch with the right services at the right time. Other features include an easy-to-use library with vital information about specific disorders, a political advocacy tool, and daily news articles concerning mental health, mental retardation and substance abuse. Designers of the site were sensitive to making it accessible to everyone, regardless of literacy level. It is also ADA-compliant and Bobby-approved. www.networkofcare.org is also available in multiple languages. One of the unique features of the site is the *Personal Folder*, a private, secure place where individuals can keep important information about their healthcare such as prescriptions, healthcare provider, contact information and even community support services. For providers and professionals, www.networkofcare.org allows users to share ideas and problems, post messages and create their own web sites. For those needing crisis intervention or emergency services, information is a simple, one-click operation.

The Central City Hospitality House, 290 Turk St. @ Leavenworth, serves the homeless community in San Francisco's Tenderloin district. The press event will take place in the computer training room of the Hospitality House where staff and community members can have a hands on demonstration of www.networkofcare.org.

4. CBHS Integration Partnership Guidelines

Behavioral Health Partnerships between Mental Health and Substance Abuse programs are a key step in the CBHS Integration process. The concept of such partnerships was included in the recent RFP for outpatient substance abuse services, and will be included for all CBHS funded programs in the '06-'07 fiscal year.

In order to implement Behavioral Health Integration, increase the ability of all program staff to welcome, screen and serve clients with mental health and/or substance abuse disorders, and improve system retention and inter-program referrals for dual diagnosis

clients, all Behavioral Health providers will establish and implement a 1:1 behavioral health program partnership and begin to develop a primary health care partnership as well.

The purpose of program partnerships between mental health and substance abuse providers are as follows:

- *To develop a framework for routine collaboration to more effectively manage the complex needs of a shared population of individuals and/or families with co-occurring issues/ dual diagnosis (COI/DD) disorders*
- *To organize planning to facilitate mechanisms for interagency collaboration and consultation, including staff sharing, case conferencing on site consultations, mutual outreach efforts, mutual assistance in achieving the COI/DD capability improvement targets of the integration initiative, and so on.*
- *To build opportunities for staff team building, cross training, and collaboration*
- *To create mechanisms for overcoming "cultural" barriers that separate mental health and substance abuse providers within the CBHS system, and to build a culture based on mutual welcoming between the partner agencies and their clients.*

At present, because Integration Partnerships are a new concept within CBHS, the specific performance objectives or activities that define a good partnership are not fully developed. In addition, CBHS recognizes that some programs have already made significant progress in developing program partnerships across different mental health and substance abuse agencies, but acknowledges that other programs have yet to adopt significant steps toward integration. To support both types of programs (advance or beginning) that are in the integration process, CBHS wishes to participate in a Continuous Quality Improvement (CQI) partnership with all providers to develop effective partnerships, and to encourage providers to be creative in developing mechanisms that demonstrate effective progress in the four areas listed above. In establishing and implementing Integration Partnerships, program partners are encouraged to work in collaboration with CBHS program managers and administration to better define the concrete criteria for partnership activity over the year. In order to guide the process and provide additional assistance for programs just beginning integration activities, CBHS is establishing minimum expectations for providers, as well as some materials to assist providers, but remains open to continual re-examination of the parameters of this process as more providers gain experience from their efforts at partnership.

CBHS is also beginning, on an even more basic level, the concept of partnerships between behavioral health providers and primary health centers, to facilitate attention to integration of health and behavioral health care for our clients and families. The goal in this year is simply to identify these partners, and to begin to consider how to use those relationships more effectively for coordinating care.

5. Contracts

CBHS and the Contracts Office have conducted two 2006/07 Request for Renewal Contract information sessions as part of regular provider meetings. The next and last of

these sessions is scheduled for May 16. Contracts has posted Request for Renewal Contract instructions, templates, and forms on the web at: <http://www.sfdph.org/contracts/ContractRenewInstruct/CBHSContractMenu.htm>. These instructions also include new objectives for 2006/07.

Contracts also reports that use of the COOL (Contracts OnLine) system is expanding, and that now five City departments (DPH, the Human Services Agency--including the Department of Aging and Adult Services--the Department of Children, Youth and Families, and the Controller's Office) use COOL's "library" to handle and store contract related documents such as monitoring reports, annual financial audits, general compliance documents and insurance certificates. COOL now has over 300 users, including over 100 contractors, and is growing as contractors and Department staff become more familiar with its uses.

6. Medicare Prescription Drug Plan

Please advise your Medicare clients who have not yet enrolled in a Medicare Prescription Drug Plan (PDP) that the last day to enroll without penalty is **May 15, 2006**.

After that date, they will no longer be able to get prescription drugs from the CBHS pharmacy program. Different plans cover different medications, so it is important for your client to know the names of the medications they are taking, and search for a plan that covers them.

Clients can get information or enroll in a Medicare drug plan by calling 1-800-Medicare (633-4227), or through the Medicare website www.Medicare.gov. Tip: Collect all medications (containers will have correct spelling) and have Medicare card handy.

Clients should also apply for the "Low Income Subsidy" by calling Social Security at 800-772-1213 (TTY 800-325-0778) or apply online at <http://www.ssa.gov/prescriptionhelp>

Free assistance with Medicare is also available through the Health Insurance Counseling and Advocacy Program (HICAP) by calling 1-800-434-0222 or at www.calmedicare.org

7. National Mental Health Awareness Day

An official proclamation from Mayor Gavin Newsom declared May 8, 2006 as National Mental Health Awareness Day. CBHS Children, Youth & Families System-of-Care hosted this event to raise awareness about effective programs in children's mental health services, to demonstrate how children's mental health initiatives are promoting recovery and resilience, and to show how young people with mental health issues are thriving in their communities.

8. Other Upcoming Events

Advancing Cultural Competence: Best Practices Training – Friday, May 12, 2006, 1:00-4:30pm, Koret Auditorium, San Francisco Public Library, 100 Larkin Street. This final

workshop will provide a forum for recognizing programs and/or components of programs in San Francisco DPH that have made exemplary efforts to advance cultural competence. These programs effectively address the domains of cultural competence and the Cultural and Linguistic Appropriate Standards (CLAS) that serve as guidelines for San Francisco DPH. For more information contact Jeanne Kwong at (415) 255-3427 or jeanne.kwong@sfdph.org.

The National Alliance for the Mentally Ill (NAMI) is conducting NAMI Walks for the Mind of America walkathons across the country. The SFCBHS Team - Diversity in Motion Power in Action, will join as participants in the NAMI walkathon for mental illness. The walkathon will be held on **June 3, 2006** at San Francisco, Golden Gate Park. If you are interested in participating or would like to give a donation, please contact Wanda Materre, Walk Team Captain at (415) 255-3694.

Walk revenues will go to NAMI's support, advocacy, and educational programs. The majority of funds will be distributed to underwrite local programs to support families and consumers, to advocate for improved opportunities for housing, rehabilitation and jobs, and to provide public education about mental illness.

You can help NAMI and our Walk participants change the world substantially for the better by supporting NAMI Walks for the Mind of America. For more information visit www.namiwalks.org

Consumer Advocacy Group The Health & Wellness Action Advocates are a monthly gathering of people who have first hand experience in the mental health system. HWAA is an interactive advocacy group dedicated to improving housing and mental health services for all people with mental disabilities in San Francisco. The next meeting will be held on June 1st, 1-3 pm at the Mental Health Association of San Francisco (870 Market, Suite 928). Call Antonio Morgan at (415) 421-2926 ext. 306 with any questions.

Past issues of the CBHS Monthly Director's Report are available at: <http://www.dph.sf.ca.us/CBHS/default.htm> To receive this Monthly Report via e-mail, please e-mail kathleen.minioza@sfdph.org

1.2 Public comment relevant to Item 1.0

There was no public comment.

2.0 PRESENTATION: Video of Sunshine Policy.

2.1 Presentation

Dr. Turner: "Tonight we will provide for you a video about the San Francisco Sunshine Policy. We were hoping to have an attorney to present as well but no one was available for tonight."

Ms. Wilson: "I would like to make an announcement first. I am resigning from the Board after the July 2006 meeting. I would appreciate five minutes on the agenda to say a few words to the board."

The Sunshine Video was shown to the Board.

Dr. Turner: "What is the Board's response to the video?"

Dr. Moses: "It was very educational and reminds us that it is easy to violate law."

Ms. Walker: "I am still unclear about whether you can meet if you have less than quorum."

Dr. Moses: "You cannot talk business if there are three members because you could be in violation of Sunshine."

Mr. Keys: "Supervisor Daly is a stickler for Sunshine. If there is less than a quorum, then you shouldn't discuss business anyway. You have to be careful with committees. You can talk but you cannot come to a decision."

Dr. Turner: "We will ask staff to get a consultation on this issue to clear up any misunderstandings."

Dr. Moses: "I would like to ask staff to send the Sunshine books to everyone."

Dr. Shukla: "The video brought home how important the public is to this process that forces us to listen to the public. Maybe we can work on getting more of the public to attend."

Mr. Keys: "I agree with Dr. Shukla that we need to get more of the public to attend. I personally invited a number of people to come this evening. I believe we should be advocates for those in need."

Dr. Turner: "Maybe the MHB needs a newsletter."

Mr. Douglas: "Maybe we should send notices to clinics and ask them to post them."

Mr. McGhee: "Maybe two times a year, or quarterly, we could hold a reception in different communities and inviting those providers and people in the communities to attend. People will come if they think the board can do something for them."

Dr. Shukla: Lots of groups list on Craig's list.

Mr. Keys: "I like the idea of doing a public service announcement (PSA) and putting it on local public television."

Dr. Moses: "Attendance is always difficult. I mail out 500 notices and I might get 10-15 guests. If I get a major presenter, I might get more people. Let's bring speakers like the new director of YGC. We also need to be considerate of staff and what they can do."

Ms. Brooke: "Trent Rhorer, the Director of Human Services is speaking at our June meeting.

2.2 Board discussion of possible Board responses to the presentation.

There was no discussion.

2.3 Public comment relevant to Item 2.0.

Mr. Kalman: "Regarding Sunshine, the MHB minutes are one of the best regarding accuracy and very high quality minutes. Each commission has bylaws in addition to sunshine. In the past there were some lapses regarding public comment and now it is quite good. I think the MHB is number one.

3.0 ACTION ITEMS

3.1 Public comment relevant to Item 3.0

There was no public comment.

3.2 Resolutions

3.2a RESOLUTION (MHB-2006-06) Be it resolved that the minutes of the Mental Health Board meeting of April 12, 2006, be approved as submitted.
(Passed unanimously.)

Dr. Turner: "Bob Douglas brought the suggestion to the Executive Committee that we honor Dr. Stan Lipsitz for his years of service to mental health."

Mr. Douglas: "Dr. Lipsitz is an amazing man. He is an unsung hero, teacher and mentor.

3.2b: RESOLUTION (MHB-2006-7). Be it resolved that the Mental Health Board commends Stan Lipsitz, Ph.D. for his 34 years of service to Community Behavior Health Services. (Passed unanimously.)

Dr. Lipsitz: "Thank you. I am deeply touched at getting this commendation from the Mental Health Board. I have been glad to work with the city all these years and provide services to clients. One of my last clients asked me if I was glad to have spent my life this way. I said that yes, I feel there was no better way to spend my time. I want to thank all of you on the board. The work you do is very important, enabling the City to have high quality mental health services."

Dr. Turner: "Thank you Dr. Lipsitz. Now I would like to read the full resolution.

The Mental Health Board honors Stan Lipsitz, PhD

For over 34 years of dedicated service to San Francisco as a clinician for the San Francisco mental health system. For your outstanding leadership as Director of Team II Adult Outpatient Services for Community Behavioral Health Services. For your integrity and for your kindness in dealing with clients, family members, staff, and the public.

We wish you the best as you leave behind piles of paperwork and relentless budget battles, and instead start taking classes for fun, and traveling to new places."

4.0 REPORTS

4.1 Report from the Executive Director of the Mental Health Board

Ms. Brooke: "I am going to give a brief report about the status of the City's disaster planning and mental health services. This was requested by Ms. Lebish. Linda Wang was the person responsible for the CBHS Disaster Response. The gavel has been passed on to Edwin Batongbacal. The department is currently in the process of developing a comprehensive response to either environmental disasters or a terrorist attack. A consultant has been engaged to work with the department to develop the plan. In addition, there is an upcoming training on the citywide response during a natural disaster, terrorist attack or biological or chemical attack.

In addition to the CBHS plans that are being developed to provide mental health services in these situations, there is a DPH plan led by Barbara Garcia. She is developing both the public health response and a city-wide response that would include community programs throughout San Francisco. It will be several months before either of these plans are completed. Perhaps we can have a speaker when they are done."

Dr. Moses: "Can we have an update on the budget hearings at the next meeting?"

Dr. Turner: "I would like to request a monthly MHB budget report from staff."

Mr. McGhee: "I would like the written report to come out in the minutes too."

Dr. Keys: "Supervisor Daly has a wish list for department budgets and community based organizations. We need to put a proposal together by the end of June. The Board of Supervisors can override the Mayor's budget."

Dr. Turner: "We need to figure out what we want to increase our budget for. I am referring this to the Executive Committee."

Mr. McGhee: "I had Ms. Brooke put together a wish list to take to Supervisor Peskin. Peskin said no-one has ever fought for an increase to the MHB budget. It is our best opportunity to put together a budget we feel is adequate."

Dr. Turner: "This needs to go to committee. We need to develop a budget regarding what we want to use it for.

Mr. Keys: "It is an excellent opportunity for us to advocate for ourselves and show people how to advocate. It is a great opportunity to walk the talk."

4.2 Report of the Chair of the Board and the Executive Committee.

Dr. Turner: "I would like to talk about the issue of committees. We were very revved up at the retreat but we need to implement what we said we would do."

Mr. Douglas brought to the Executive Committee the request to discuss Proposition D which will be on the ballot in June. We cannot oppose or endorse the proposition, only discuss it.

We also need to decide if we are going to meet here in City Hall for our June meeting. If there is consensus we can meet here, and then put it on the agenda for a vote in June."

There was consensus to meet in Room 278 at City Hall for the June meeting.

4.3. Budget Committee Report: Mr. McGhee: "I do not have a report at this time. Right now it is only me and Mr. Medema. I would like to know if others are interested in joining us. We especially need to develop a budget before June 30th. I feel that all committees should meet a week before the Executive Committee so issues can go to that committee so they can be put on the agenda."

4.4 Report by members of the Board on their activities on behalf of the Board.

Mr. Keys: "I went to a program at 6th and Howard and gave an informal talk on how to advocate to the MHB and the Board of Supervisors. I also went to Hyde Street Services to do a program review. I interviewed clients and the director and was very impressed with the program."

Mr. Purvis: "I was also very impressed with the program. The clients were all enthusiastic. The place and location are great."

Mr. Keys: "The facility is much larger than it looks on the outside. It is like a huge SoHo loft with different levels."

Mr. McGhee: "I did a review at Walden Mental Health. I met with the director and three clients. They were all looking forward to being interviewed. They were pleased with the services and felt their needs were being met. The only problem was retaining clients and medical issues."

Mr. Douglas: "I went to the Midori Hotel with Mr. Casados. There was only one client to interview. We want to do this review again next year. We did not feel the program review got the appropriate support from the director."

4.5 New business

Mr. Keys: " I would like to suggest an MHB hearing on Mercy Housing. It is a community of dual diagnosed people who live in fear."

Dr. Turner: "I propose a hearing on the issue of the mentally ill and incarceration. We need to raise public awareness of this issue.

Mr. Douglas: "I would like to be a liaison to the Mayor's Office of Disability and advisory board to the psychiatric ward at SFGH. I would like to suggest expanding the police training to include Sheriffs and firefighters."

Mr. Casados: "I would like to talk about halfway houses and see if staff provides both substance abuse treatment and mental health services. "

4.6 Public comment relevant to Item 4.0

There was no public comment.

5.0 PUBLIC COMMENT

Mr. Emeric: I would like the board to obtain minutes and other material from San Mateo, Marin, etc. to make comparisons and maybe Sacramento. I would also like to have a wellness and prevention program report and a report of programs at Recreation and Park.

ADJOURNMENT

There being no further business, the meeting was adjourned at 8:55 p.m.



SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, June 14, 2006
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 p.m.

**PLEASE NOTE: THIS MEETING IS BEING HELD AT
CITY HALL, ROOM 278**

CALL TO ORDER

ROLL CALL

DOCUMENTS DEPT.

AGENDA CHANGES

MAY 31 2006

Item 1.0 DIRECTORS REPORT For discussion.

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1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public comment relevant to Item 1.0

Item 2.0 PRESENTATION: San Francisco Foster Care Program, Trent Rhorer, Department of Human Services For discussion.

2.1 Presentation: San Francisco Foster Care Program

2.2 Board discussion of possible Board responses to the presentation.

2.3 Board discussion of future presentations and agenda items.

2.4 Public comment relevant to Item 2.0

Item 3.0 ACTION ITEMS For discussion and action.

3.1 Public comment relevant to Item 3.0

3.2 Proposed Resolutions

3.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of April 12, 2006 be approved as submitted.

3.2.b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board proposes a Budget Resolution. (Attachment A)

3.2.c PROPOSED RESOLUTION: Be it resolved that the Mental Health Board will meet monthly, the second Wednesday of the month at City Hall in Room 278. (Attachment B)

Item 4.0 REPORTS

For discussion and possible action.

4.1 Report from the Executive Director of the Mental Health Board.

4.2 Report of the Chair of the Board and the Executive Committee.

- Report from Nominating subcommittee for office of Secretary
- Discussion regarding new format of committees meeting at 6:00 pm, just before board meeting.

4.3. Budget Committee Report: James McGhee

4.4. Programs Committee Report: Lisa Williams

4.5. Report by members of the Board on their activities on behalf of the Board. Report of key findings from completed Program Reviews.

4.6. New business - Suggestions for future agenda items to be referred to the Executive Committee.

4.7. Public comment relevant to Item 4.0

Item 5.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at 101 Grove Street, (corner of Polk and Grove Streets), in Room 300. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, 14 Mission, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. 101 Grove Street is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Polk Street.

4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine.htm

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics.



SAN FRANCISCO MENTAL HEALTH BOARD

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MENTAL HEALTH BOARD ATTACHMENT A June 14, 2006

PROPOSED RESOLUTION (MHB-2006-03): MENTAL HEALTH BOARD BUDGET

WHEREAS, San Francisco is finally reaching the end of years of severe budget crisis's in public health and human services, and

WHEREAS, the overall budget for the City of jSan Francisco had a significant surplus this year. This surplus indicates that the next year might have a surplus too, and

WHEREAS, Community Behavioral Health Services has spent years creating a strategic, cost-effective system of care with a focus on community-based treatment replacing institutional care, which meets the Bronzan-McCorquodale guidelines as detailed and mandated in the Welfare and Institutions code for the State of California, and

WHEREAS, the planning process for the Mental Health Services Act, lead by Community Behavioral Health Services brought hundress of clients, family members, providers, and member of the community to meetings where they shared the importance of maintaining and enhancing a strong mental health system, and

WHEREAS, Community members emphasize the need for violence prevention services, and

WHEREAS, the Mental Health Board believes that a strong and effective public health system directly benefits all neighborhoods and economic sectors of the community; and

WHEREAS, the Mental Health Board believes that our community has a moral and ethical duty to care for those people who are ill, suffering, in trouble, and in need, now, therefore,

BE IT FURTHER RESOLVED, that the Mental Health Board recommends that the City and County of San Francisco do everything in its power to protect the long-term investment it has made in its services so permanent damage is not done, and to take all necessary steps to preserve and defend the vital, state-of-the-art services the City has developed through years of intensive effort, and

BE IT FURTHER RESOLVED, that the Mental Health Board strongly recommends that the City and County of San Francisco use a prevention operating system for its services instead of a crisis operating system, by protecting community programs which prevent the need for institutionalization of clients, and especially by following the principles of wellness and recovery, and

BE IT FURTHER RESOLVED, that the Mental Health Board recommends that the City and County of San Francisco do everything in its power to protect the sustainability of the community-based nonprofit organizations which deliver such a large percentage of its public health services.

SAN FRANCISCO MENTAL HEALTH BOARD



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MENTAL HEALTH BOARD
ATTACHMENT B
June 14, 2006

PROPOSED RESOLUTION (MHB-2005-04): The San Francisco Mental Health Board will have its regularly scheduled meetings, the second Wednesday of the month at City Hall in Room 278.

SAN FRANCISCO MENTAL HEALTH BOARD



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UNADOPTED MINUTES

Mental health Board
Wednesday, June 14, 2006
City Hall, Room 278
San Francisco, CA 94102

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BOARD MEMBERS PRESENT: Rebecca Turner, PhD, (Chair) James L. McGhee; (Co-Chair); Benito Casados; Bob Douglas, J.D.; James Shaye Keys; Kate Walker.; Toyé Moses, Ph.D., M.P.H.; Tom Purvis; Jagruti Shukla, M.D.; M.P.H.; John Kevin Hines, Michael Medema, Lisa Williams.

BOARD MEMBERS ABSENT: Claudia Lebish, Idell Wilson

OTHERS PRESENT: Emeric Kalman, Denise Jacques, Barbara Redfield, Helynnna Brooke (MHB Executive Director), Ayana Baltrip-Balagás (MHB Administrator)

CALL TO ORDER

The meeting was called to order at 6:35 p.m. by Rebecca Turner, Chair

ROLL CALL

Ms. Brooke gave the roll call, and introduced Ayana Baltrip-Balagás and shared that she designed several of MHB's Annual Reports until the ban on written reports. She was also working twenty-eight hours per week over the summer.

AGENDA CHANGES

1.0 DIRECTORS REPORT

1.1 Directors Report

Overview:

Dr. Cabaj spoke of a new hire Norman Aleman who is the Training Management Assistant.

CBHS will hold several trainings in June for mental health program administrators.

He also spoke of an increase in the number of clients who are eligible for and receiving SSI which allows us to bill more for the services we provide for them.

DPH received a grant from the California Endowment which funded DPH's five-part training series on Cultural Competence. Dr. Cabaj highlighted Dr. Francis Liu's work with San Francisco General Hospital as one of the winners. There were many runners-up as well.

The MHSA Plan was approved and the RFP's went out May 26th. The final applications are due June 28th. The Behavioral Health Task Force will work with this process.

Dr. Cabaj stated that "there is much more money in the pot, but we haven't received it yet. The State is holding on to it. We would have had two-times as much money in the RFP if the State had released the money by now."

CBHS Integration is moving forward. A consultation with Ziaologic took place on June 5th and 6th.

Monthly Director's Report:

1. Comings and Goings:

We are pleased to welcome to CBHS our new Training Management Assistant – Norman Aleman. Before joining CBHS, Norman worked at the Castro Mission Health Center serving the community as an Eligibility Worker. Norman assisted patients and their families in finding and securing affordable health insurance through various County and State programs. He also worked for the Women, Infants, and Kids (WIC) Supplemental Nutrition Program. He was key in assisting with identifying, developing and coordinating training for the WIC staff during the set-up and roll out of the WIC Information Dissemination (WICID) system in county-wide WIC clinics. Additionally, Norman monitored, analyzed, trained and maintained WICID operations. Norman's responsibilities included maintaining and preparing reports on WIC databases, community surveys, time studies, and WIC Program participation. He also managed and provided reports on a citywide Electric Breast Pump Loan Program. Norman participated in outreach to the various communities in San Francisco, assisted in conducting nutrition education to WIC participants; assisted in the production of nutrition education /outreach materials, and assisted in conducting community assessments through surveys and other methods. In his new position, Norman will assist Dr. Toni Rucker in the development and performance of CBHS training activities. Our congratulations and welcome to you, Norman!

2. **SAVE THE DATE: New CSI Trainings.** CBHS will hold several trainings in June, for mental health program administrators as well as for BIS/InSyst data entry users, to focus on the new Client and Service Information (CSI) data collection

requirements being mandated by the California Department of Mental health, to take effect July 1, 2006.

All CBHS mental health clinics are expected to send at least two representatives (clinician and/or administrator) to one of the following **Clinician and Administrator Trainings: June 29th, 9 - 11 AM OR July 6th, 9 - 11 AM**. Please save these dates. The location for these trainings will be announced soon. For more info or update about these trainings, please contact Maria Barteaux at (415) 255-3536 or e-mail at maria.barteaux@sfdph.org

CBHS Billing Unit will also offer new CSI data entry trainings listed below for **data entry staff of mental health programs**. Please sign up for these data entry trainings through InSyst Hotline at (415) 255-3564 or e-mail at insyt.hotline@sfdph.org. All data entry trainings will be held at 1380 Howard St., 1st floor training room, San Francisco.

June 29, 2-4 PM

July 6, 10 AM - 12 Noon

July 12, 2 - 4 PM

July 19, 10 AM - 12 Noon

July 27, 10 AM - 12 Noon

3. **SSI Advocacy Is Worth It.** The results are in after two years of SSI advocacy provided by the Positive Resource Center (PRC) for adult mental health clients in San Francisco. Aside from enhancing the lives of individuals with mental illness through income assistance, PRC's SSI advocacy project also *earned a 5:1 return-on-investment* for the City and County of San Francisco. For every dollar that the Department of Public Health (DPH) invested in PRC's SSI advocacy services from 2003-05, *the county earned five times more* through the activation of retroactive SSI-linked Medi-Cal payments for past health services previously provided by the county to client beneficiaries. The long-term client benefits, and effectiveness, of SSI advocacy have been fairly well documented, but the ROI results further demonstrate the worthiness of devoting resources to SSI advocacy services.

Appreciation goes to all DPH/CBHS clinicians who helped their disabled clients go through the SSI application process. Thank you also for the leadership of Maria X. Martinez, Deputy Director of DPH Community Programs, and the vital assistance provided by DPH/CBHS and Human Services Agency staff (including Maria Barteaux's Billing staff, Nick Hancock, MaryAnn Sullivan, and Lion Barnett from

CBHS), in implementing this SSI project, and working on the data to demonstrate its positive outcomes.

4. **Best Practices in Cultural Competence.** A grant from the California Endowment funded the Department of Public Health's five part training series on Best Practices on Cultural Competence. The final event was held on May 12, 2006 and featured four programs recognized as Best Practices in Cultural Competence and 11 honorable mention programs for their efforts to advance cultural competence in the Department of Public Health. The awardees and presenters were:
 - Newcomers Health Program for Staff Development & Service Intervention (Patricia Erwin, MPH)
 - SFGH Ethnic/Minority Psychiatric Inpatient Programs for Service Intervention (Francis Lu, MD)
 - A Dialogue on Differences-Silenced Voices: A Series of Monologues for Training and Communications (Jenjii Perault, N. Bruce Williams, Victor Damian & Janet King)
 - Community Response Network for Community Collaboration & Linkages (Collaborative: Sal Nunez, PhD, Roban San Miguel, LCSW & John Torres and Staff)

Honorable Mention Programs:

- The IMD Alternatives Program (CBHS)
 - Many Men, Many Voices (3MV), Black Coalition on AIDS (HUH)
 - Chinatown North Beach Mental health Services (CBHS)
 - Richmond Area Multi-Services (CBHS and HUH)
 - Black History Hair Care Seminar -Collaborative Program Activity Therapy and Nursing Beauticians (LHH)
 - Filipino-American Counseling and Treatment Team (CBHS)
 - Instituto Familiar de la Raza (CBHS & HIV/AIDS)
 - Asian Focus Units Ward C4 & G4 (LLH)
 - Community Behavioral Health Services/ Cultural Competence Plan (CBHS)
 - Pediatric Asthma Clinic (SFGH)
 - Videoconference Medical Interpretation Project (SFGH)
5. **Mental health Services Act (MHSA) Update.** The RFP for MHSA services was published on May 26, 2006. A pre-proposal conference to answer questions about

the RFP was held on June 2, 2006, with written questions being accepted until June 14, 2006. The deadline for proposal submission is June 28th at 12:00 noon. Over 55 people attended an orientation for potential RFP reviewers was held May 26th. Many community members indicated their interest in serving on the review panels, insuring that the spirit of the MHSA planning process will continue in the selection of service providers for these funds. The MHSA Behavioral Health Innovations Task Force will have its bi-monthly meeting on June 28th at 1380 Howard, 4th Floor conference room from 3-5:00 PM. Meetings of this group will alternate with community forums to continue to receive broad community input on mental health issues. The next community forum will be scheduled in August.

6. **CBHS Integration.** A consultation with Zialogic took place on June 5th and 6th. Chris Cline and Ken Minkov led discussions with the CBHS Program Managers, the Integration Advisory Board, the Integration Implementation Workgroup, the CBHS Extended Leadership Team, and the Integration Change Agents. Work continues to progress on Behavioral Health Program Partnerships, Integration Objectives and Consensus documents for '06-'07, and CHBS Integration Policies. All programs are encouraged to participate actively in integration activities, and become involved as together we shape the concepts and strategies for integration in San Francisco! For information about how to become involved, please contact Lucy Arellano at 255-3687 or Alice Gleghorn at 255-3722.

Past issues of the CBHS Monthly Director's Report are available at:

<http://www.dph.sf.ca.us/CBHS/default.htm> To receive this Monthly Report via e-mail, please e-mail kathleen.minioza@sfdph.org

Mr. Keys felt RFP 25-2005-5 missed the mark for consumers for the 24-hour Drop-In Center. He read both an email sent to Supervisor Daly from Cindy Gyori of Hyde Street Community Services expressing concerns about the "outpatient substance abuse RFP targeting the Central City homeless and indigent clients which was awarded to Walden House". He said, "Dr. Cabaj, I am shocked that the Tenderloin was overlooked for a drug treatment center. There are many transgender gay men/lesbians suffering from methamphetamine substance abuse and we have Tenderloin folks who are struggling with crack and heroin, etc., and we need something for substance abuse in the Tenderloin."

Mr. Keys read the following email from Cindy Gyori, Executive Director of Hyde Street Services:

"Per our conversation earlier, I'm writing to address concerns about the outpatient substance abuse RFP targeting the Central City, homeless and indigent clients which was awarded to Walden House.

In an attempt to redefine and reorganize the outpatient substance abuse programs in SF, to standardize services and incorporate a model of integrated services that would be more responsive to the needs of consumers, CBHS decided to de-fund existing programs and request proposals for 19 programs which would target specific populations.

Recognizing the unmet need in the Central City, specifically the Tenderloin which has the highest concentration of substance abuse, mental illness, indigence and homeless in the City, an RFP was created to address this population. Based on points given to the proposals submitted, Walden House was awarded the contract to begin July 1, 2006.

Of deep concern is the fact that Walden House plans to provide these services at their site at 15th and Mission, which is not in the "Central City". Despite the acknowledged need for substance abuse services in the Tenderloin, it has never had an outpatient substance abuse program, except for methadone programs, within its boundaries. And this award to Walden House again leaves the Tenderloin without these services.

On 5/17/06, at a meeting of the Tenderloin Collaborative Workgroup, whose members represent most of the agencies providing services in the Tenderloin, Walden House administrators and Manuel Vasquez, CBHS Program Monitor for Walden, presented their proposal to the group. Every member of the group voiced the same concerns:

1. A program intended to provide services to the Tenderloin belongs in the Tenderloin.
2. Basing services for Tenderloin residents and the homeless in the Mission will limit accessibility and will not reach the most needy clients.
3. The lack of clarity or community input in the RFP resulted in acceptance of a proposal that does not meet the needs of the Tenderloin.
4. There does not seem to be anyone with the authority at CBHS who can address the issue of where these services would be located.

If possible, some of the members of the Tenderloin Collaborative Workgroup would like to meet with you and Supervisor Daly. The following is a partial list of members and their agencies:

Brett Andrews, Positive Resource Center
John Baskerville, Swords to Plowshares

Tracy Brown, TARC
Jackie Jenks, Hospitality
Jason Kletter, BAART
Donald O'Connor, St. Anthony's
Jenny Wiley, Hospitality House
Barry Zevin
Tom Waddell
Dee Zondo-Goins, Larkin Street

Thank you for your interest."

A copies of the Walden House letter are attached at the end of these minutes.

Dr. Turner: "Let's give Dr. Cabaj a chance to respond."

Dr. Cabaj: "All I can specify is that it was a fully run, City-wide RFP process which was requested by the Supervisors, and led by Daly. In that process, Walden House won the contract."

Mr. Keys: "How can we be sure that the funding is used appropriately?"

Dr. Cabaj: "We will be responsible for overseeing that and making sure that the funds are being used appropriately."

Mr. Keys: "We still need services in the Tenderloin."

Mr. Douglas: "A while back we asked about group programs. That group therapy and such be in place in programs."

Dr. Cabaj: "There are more and more groups that are part of the counseling process in many programs."

Dr. Moses: "What about our new Deputy Directors?"

Dr. Cabaj: "I can't release the names yet, but we will have several to share with you next time."

1.2 Public comment relevant to Item 1.0

Member of the Public: "I have a friend who found that access to services, consumers who go to Cindy Gyori's program are denied by telephone. She didn't get a written denial, nor reason for denial, and I want to know about accountability and Sunshine concerning this process.

Dr. Cabaj: "Programs are accountable to us and that person can file a grievance. Medicare does not fund our program. Medical does."

2.0 PRESENTATION: Trent Rhorer—Executive Director of HSA

2.1 Presentation

Mr. Rhorer stated he would provide an overview of the Foster Care System and its demographics, and a snapshot of the interplay between Human Services and Mental Health and Foster Care Reform.

“The Foster Care System is a State and Federal governed system, and the County administrates the system. It is really the Child Welfare Services Program that oversees the Foster Care system.

Kids enter the system due to abuse or neglect. There are 2,200 kids in the Child Welfare Program in San Francisco. Entry is 24/7. There is a child-abuse hotline which is a trigger for investigations of abuse or neglect.

If the situation requires an immediate response, a social worker responds within two hours, twenty-four hours, or ten days, depending on the severity of the case. Social workers have a Master’s Degree. The investigation might not result in removal of the child.

The child might be a past victim or a new case. There might be a recommendation to remove the child, and they remove the child immediately. The child and family may have an attorney.

Donna Hutchins is the presiding judge who makes the decision about whether the child is to be removed immediately, and where the child will be placed. If they are removed, they go to a relative first. The next choice is a licensed foster care home, generally with two to four kids and a mother and father. The third option would be a foster care licensing agency or they could go to a group home with six to twelve kids. This is the least preferred choice for our system.

The County then has eighteen months to work with the family and provide services to help parents reunify with their kids. They also provide services after reunification to keep the home situation stable.

The potential outcomes are:

1. Reunification
2. Long-term or permanent placement while continuing to work with the child to establish legal guardianship or adoption.
3. Adoption
4. Emancipation

A child leaves the system at eighteen, or up to twenty if they have not received their high school diploma. This is one of the worst parts of the system, because, at this stage the child will no longer be supported, and we expect them to be self-sufficient without having received the tools to fully function as adults in society. This is not fair, particularly with kids who have had many foster care placements or have suffered extreme hardship.

Of the 2,200 in the system, half are placed with relatives, half are placed out of county: Alameda for example. This is because many relatives live outside of the county. San Francisco has the highest relative placement in the State.

Forty-nine percent of the kids in foster care are female and fifty-one percent are male. Sixty-nine percent are African-American. This is a huge disproportionate number in relation to the overall percent of African-Americans in the county. Supervisor Maxwell has helped make changes and suggestions in this area.

We are currently emancipating a high number of kids. At this point fifteen to sixteen percent are sixteen to seventeen years old, Forty-two percent are twelve or above. All of these will be reaching an age when they will be emancipated. Many kids brought up in the Foster Care System have lived in a lot of different homes and have experienced many sociological problems in school and out.

Fifty percent are with relatives, ten-percent are in small foster care situations, and eleven-percent of kids are in group homes.

The average length of stay is three years; but the median time is lower. Two-thirds of the kids are reunified with their families within twelve months. One-third of the kids adopted, are done so in less than two years.

Seventy percent of kids are in care due to neglect which is absence or incapacity of the parent. The usual cause of these conditions is substance abuse. Fifteen percent of the kids are in care due to physical abuse, and six percent due to sexual abuse.

Overall, eighty-four percent are in foster care due to general neglect, nine percent due to physical abuse. Often these parents are alcoholics. Two percent are in foster care due to sexual abuse.

Four hundred and sixty kids between 2004 and 2005 entered care. Six hundred kids left care.

From the mental health standpoint, fifty-five percent of the 2,200 kids appear in the mental health database. Thirty percent have attention deficit disorder, or other behavior disorders; twenty-three percent have depression; sixty percent have adjustment disorders, and twelve percent anxiety.

There are barriers to providing treatment: the number one being the child's refusal to accept treatment. Kids placed outside the County have trouble getting mental health services along with other services like primary care, tutoring, etc. Other counties don't necessarily have the same level of care and services that San Francisco provides.

The child welfare worker makes a referral to mental health. There is a minimum monthly visit to the child in placement; and then there are weekly meetings between Juvenile, Mental health, and the social worker who have higher level placements. There are quarterly meetings concerning the system as a whole."

Foster Care Reform:

"In October 2005, the Mayor held a press conference about the need to reform the Foster Care System. Assembly Bill 636 or 626 proposed by Darrell Steinberg looks at redesigning foster care around the State. This bill proposes several solutions to many of the Foster Care System problems. One of these solutions was to safely maintain kids in their homes whenever possible because studies show that kids don't fare much better when placed in foster care. Second, if a child must be removed, she or he should be placed in a setting that is least restrictive. Third, minimize the number of placement changes. Fourth, reunify as fast as possible. If the child must remain in foster care, be sure that they emancipate with health benefits, housing, and job training.

There is a team set up for each child that consists of the parent, child welfare worker, a family acquaintance, and a mental health professional. When the team meets to review a child's case, the child welfare worker makes a recommendation and the team then collectively makes the final decision to be implemented on behalf of that child. The single child welfare worker no longer has the power that she or he used to in the past.

As a differential response, the best and target response for every call that comes into the hotline, for eighty-five percent there is no action. For this group, they get a referral to a community-based agency that may partner with a child welfare worker to help the family. This is done based on the belief that some of this eighty-five percent may get worse if there is no action; so there is this referral system in place to work with the families.

There was \$1,000,000 allocated last year to work with this eighty-five of callers, with \$3,000,000 to \$4,000,000 coming up, and there is \$800,000 in the General Fund budget to provide this preventive work with this group for which there is no specific action other than a referral for services with a community based organization..

For the last, there is a partnership with Foster Care and Mental Health. Senate Bill 163 allows funds for out-of-home placement: \$500 to \$2000 a month. This same money can be used to provide "wrap around" services for kids. There is a flexible use of State funds for kids. Prop. 63 also has some dollars allocated for Foster Care as well.

For this program, the Seneca Center here in San Francisco will be the provider. Kids in Juvenile and 3,632 kids all can be eligible. We are targeting sixty kids in the first year, and as we are successful, we should be able to serve more. It is a "capitated" model. There is \$3,600 per month at level 12. If we are not successful, we will have to use this money for a group home without services. If we are successful, the \$3600 per month can be used for a full-range of wrap-around services.

We are also working with transitional youth to make better plans for job training, housing, and health care. Some of the things we are doing are Fast Track to get Medical now. We have 31 units of transitional housing, doubling to 62 this year. It will be an eighty-five percent State funded, with using a portion of the General Fund for the balance. It's very successful program, also providing other services for the youth as well.

Only ten percent of kids who emancipate go to college in California. Fifty-six percent in San Francisco went on to college, and 101 received State scholarships who came out of this program. Our numbers in Foster Care have declined twelve percent in the last year.

Dr. Moses: "African-American families don't want to see their kids go to foster care. Is there any funding for relatives to help cover expenses?"

Mr. Rohrer: "Yes there are funds, but they have to come through a "trigger" of the Child Welfare System. They can get an average of \$500 per child. If the relatives just step in and take over and don't notify the City, then there is no "trigger" to get receipt of the funds in action. There are some "back door" ways for relatives like grandparents to get help.

The problem facing these grandparents who stepped in when the children were younger is that they (the grandparents) are aging and the kids are now in their teens. Edgewood has the Kinship program to help grandparents, but they may have difficulty getting funding at this point, but we are working on it."

Dr. Moses: "We don't provide mental health counseling to some of the kids. What is the outcome?"

Mr. Rhorer: "DPH provides the services."

Dr. Turner: "Can grandparents who have stepped in voluntarily gain access to the CalWorks Program for support?"

Mr. Rhorer: "Yes they can but they will have the court requirements to deal with too."

Mr. Keys: "Thank you. This presentation was full of facts and figures. What about homeless families and children?"

Mr. Rhorer: "Homelessness is not a necessary trigger to remove a child; only neglect or abuse. We have designed homeless families to focus on housing; what can we do to help families before they become homeless: rental assistance, etc."

Mr. Keys: "Are there support services for them?"

Mr. Rhorer: "Yes."

Mr. Hines: "You said you were working to change emancipation at 18. Is anyone checking afterwards?"

Mr. Rhorer: "Our services are voluntary. We provide aftercare to age 22 in life skills, mental health counseling, and job training. Often the child wants nothing to do with the system, and many return to their biological family home. These are often the kids who end of in the correctional system or homeless.

Assemblyman Leno is working on extending foster care until age 21 and providing access to State schools. He is working on more changes as well."

Dr. Shukla: "Thank you for a comprehensive presentation; especially the statistics. With regard to those, you say seventy percent of the cases arise due to neglect. What about your partnerships with substance abuse programs? I was struck by the fifty-five percent entering the mental health System. That seems low. It would seem that all would require mental health services."

Mr. Rhorer: "A cohort of kids in care are a by-product of the extended family, and now need more assistance. They need to come to the system to ask for help. There are lots of general funds and flexibility to get support for the family.

Though I am not trained in mental health, we do partner with substance abuse programs. One of the requirements for parents is to enter a drug or alcohol program in order to be reunified with a child or children."

Ms. Wright: What is the help for young adults? What age does that help go up to?"

Mr. Rhorer: "The THP Plus program provides supportive housing and on-site services. Larkin Street is one of the agencies that is serving this population between ages 18 to 21 or 22. They then transition to another housing situation or school."

Ms. Wright: "It is often harder for children with mental health challenges."

Mr. Rhorer: "We have other resources for adults. Larkin Street has been very successful. Eighty-nine percent are part of supportive housing programs for adults."

Mr. Casados: "The recidivism rate of kids returning to foster care after going home, what would that number be?"

Mr. Rhorer: "Seventeen percent have come back into care. The courts will give several chances to families. There is a strong link to mental health. When we do reunify kids, we make sure mental health services are provided to families."

Mr. Casados: "Is it actually in the plan?"

Mr. Rhorer: "Sometimes."

Mr. Casados: "Why, if kids have mental health problems shouldn't it be written in the plan and along with the need to receive services and their continuation?"

Mr. Rhorer: "If good social work is done, this happens."

Dr. Turner: "Sophie Maxwell came and shared that such a large number of the victims and their perpetrators had been in foster care. Do we know if these are the people in group homes?"

Mr. Rhorer: "We produced those stats for her. Victims and perpetrators have had past experience in the system. This speaks to a lot of issues:

- Growing up in a family of violence
- Outcomes for kids in foster care are not great
- Illiteracy, low education, and moving around to too many homes and schools cause problems."

Dr. Turner: "It really speaks to the need for mental health services for every kid in the system."

Mr. McGhee: "I don't know if you remember my wife, Belle Taylor McGhee. She did a report of African-American kids, and found that sixty-nine percent of the kids are African-American. I applaud you for what you are doing, but with such a high rate of African-Americans, do you have a plan?"

Mr. Rhorer: "The whole plan, regarding disproportionality and standardized risk assessment, is to try to take the bias out of reports. Are you evaluating those families the same way? Institutional racism has existed. It is a national phenomenon, this "disproportionality."

Casey Foundation has a program tailored to individual child welfare workers. It is an interactive program to get at unknown biases. Many San Francisco child welfare workers are going to the program. We also provide culturally competent programs."

Mr. McGhee: "I'm the Vice President for the Board of Psychology for the State, and we have been working on this issue. We have been trying to get psychologists to voluntarily work on these issues. Do you think there is merit to more involvement?"

Mr. Rhorer: "Yes. That would be very good. Physical and economic improvement could result."

Mr. Douglas: "I'm an attorney in Dependency Court, and I've been doing this for 18 years. It has gotten better but the main thing is variation among workers. Can you look at which workers do out-of-home placements? I would also like to know how Care-Not-Cash is working?"

Mr. Rohrer: "We are working variations in child welfare workers. Care-Not-Cash is a "Housing First" program. Formerly \$359.00 gave them possible shelter but no other services. Now they receive housing. \$125.00 cash, \$125.00 in food stamps, and we are working with people to provide SSI or job training.

We have moved 1,350 people into housing. 92.8 % are still housed, and many are getting SSI."

Dr. Turner: "Are there fewer people on the streets?"

Mr. Rohrer: "Yes, there has been a decline, but lots of people you see on the streets are actually housed."

Mr. Casados: "Our next steps are to get speakers from Mental Health and Foster Care."

Dr. Turner: "Thank you Mr. Rohrer for this comprehensive presentation."

2.2 Board discussion of possible Board responses to the presentation.

Dr. Moses: "I am impressed by Trent's presentation, and the fact that he has survived two administrations. I am also impressed at the number of children in foster care who go on to college. I recommend a commendation for Mr. Rohrer."

Mr. Hines: "I read a Chronicle article about the overuse of meds administered to children in foster care. Some receive over 20 pills a day. I am very concerned. This is appalling. We need to get Mental health in to get answers."

2.3 Board discussion of future presentations and agenda items.

Dr. Turner: "We should also get someone in from pharmacology."

Mr. Casados: "Possibly Mary Ann Sullivan or Aaron Chapman could come in to talk about medications."

Mr. Douglas: "Each kid has an attorney, and before they can be administered medication, it has to be okayed by a judge."

Mr. Keys: "I continue to think these tried and true methods aren't working. Maybe more blending of departments would work better. The referring out can result in people falling through the cracks. I would like this board to find new and innovative ideas."

Dr. Turner: "We could look at the wrap-around programs starting with Seneca. Maybe we should hear from them."

Dr. Shukla: "I am shocked at how sparse the mental health services are for this group. I think basic care should be provided for these children."

Dr. Turner: "100% need mental health services."

Dr. Shukla: "The trauma of removing a child from her or his home means all need help. There are different kinds of services."

Mr. Casados: "We need to have mental health to come and talk to us."

Mr. Douglas: "I think mental health is not always the right treatment, but taking a kid to a baseball game could help."

2.4 Public comment relevant to Item 2.0.

Member of the Public: "I am mixed on the mental health issue. The treatment is often too pharmacologically based. We have a high population of single adults and couples. Maybe they could volunteer to help the kids: mentoring, sports, etc. Maybe the kids could see mentors a few times a month. This would also provide relationships for kids, and contacts. This wouldn't cost much except for organization and background checks."

Mr. Kalman: "As usual, department managers try to look good, and when the board asked about mental health, he essentially said it was another department's issue. Foster care, and seeing violence is something children never forget. It is a very tragic event to go into foster care. A child may never recover. Meds might be used too much to keep them quiet. It is tragic. Let's help."

Member of the Public: "I grew up in a family with violence. My mother was a prostitute. We didn't have counseling, and maybe that is why I became an alcoholic. These kids need counselors to talk to. I know from experience."

3.0 ACTION ITEMS

3.1 Public comment relevant to Item 3.0

There was no public comment.

3.2 Resolutions.

3.2a RESOLUTION (MHB-2006-06) Be it resolved that the minutes of the Mental health Board meeting of May 10, 2006, be approved as submitted.
(Passed unanimously.)

Discussion:

Mr. McGhee read the Resolution at Dr. Turner's request.

Ms. Walker: "I suggest we remove the word further in the first two paragraphs starting with 'BE IT FURTHER RESOLVED . . . '."

Mr. Keys: "I like what it says, but wish it were more recovery focused for everyone. He suggested the following wording: ' . . . and provides especially for all people . . . '."

3.2b PROPOSED RESOLUTION (MHB-2006:07): MENTAL HEALTH BOARD BUDGET (Passed unanimously, with the following amendments: The word "Further" removed in the first two paragraphs beginning with "BE IT FURTHER RESOLVED . . . : and in the second paragraph beginning with "BE IT FURTHER RESOLVED, it should read as follows . . . and provides especially for all people . . .)

3.2c: PROPOSED RESOLUTION (MHB-2006:08): BE IT RESOLVED that the Mental health Board meet monthly, the second Wednesday of the month at CityHall in Room 278. (Passed unanimously.)

4.0 REPORTS

4.1 Report from the Executive Director of the Mental health Board

Ms. Brooke: "The 18th Police Crisis Intervention Training starts June 19th . I am so pleased that Tom Purvis, Benito Casados, Bob Douglas, Kate Walker, and Kevin Hines are participating again."

I would like to introduce Virginia Wright who was appointed to a Family Seat Member to replace Dorothy Shaffer."

4.2 Report of the Chair of the Board and the Executive Committee.

Dr. Turner: "We need to elect a new Secretary to replace LaVaughn Kellum-King. The Nominating Committee was James McGhee, myself, and Benito Casados. Mr. McGhee will announce the nomination and we will vote at the July meeting. The Executive Committee appointed Benito Casados to fill a Consumer Seat on the Executive Committee."

Mr. McGhee: "The Nominating Committee selected James Shaye Keys."

4.3. Budget Committee Report: Mr. McGhee: "We haven't met yet, and I just lost the other member of the Budget Committee, Michael Medema.

Perhaps we could hold our committee meetings just before the Board meeting. We made a big deal about this at the retreat, but we still aren't meeting. Since we are coming here, we could have committee meetings first."

Dr. Turner: "Meeting at 6:00 will be discussed more at the Executive Committee meeting."

Mr. Douglas: "I suggest meeting at 5:30."

Mr. Casados: "For clients, three hours can be too long."

Ms. Williams: "If we came at 6:00, people will come late and we will have little time. I am supportive however of meetings before the Board meeting."

Dr. Shukla: "If the meeting started at 6:00 with a clear agenda, a half hour meeting could accomplish some things."

Mr. Hines: "I have a commitment before the Board meeting, so I could not make a committee meeting if it were held before."

4.4 Programs Committee Report

No report.

4.5 Report by members of the Board on their activities on behalf of the Board.

Mr. McGhee: "I attended the Request for Proposals training for the Prop. 63 funding. I have questions about the level of experience of the review panelists, and being able to evaluate and make recommendations for proposals concerning funding for Prop. 63."

Dr. Turner: "Have you voiced your concern to Dr. Cabaj?"

Mr. McGhee: "No, but I will."

Mr. Keys: "Supervisor Daly's office is advocating for a 24-hour, drop-in multi-service center. Dr. Turner submitted a letter in support of this center. I am asking the board members to send an email supporting the center before June 21st. We are looking forward to having a 24-hour multi-service center that is peer driven."

Mr. Purvis: "I attended the Request for Proposal (RFP) training. I think more orientation on the process is needed."

Mr. Hines: "I went to Santa Barbara by invitation from Richard Seiden. I spoke to their Board of Supervisors. They have a bridge. 415 people have taken their lives from this bridge. They want to build a barrier, and have relayed the message to the entire county with a big screen. The decision was made to put up the barrier in three weeks, and they got the money in one week."

Mr. Purvis: "We had 2000 people in the NAMI Walk on June 3rd. It was very successful and we raised \$300,000."

Mr. McGhee: "I will be attending the California Association of Local Mental Health Boards (CALMB) meeting. I asked Ms. Brooke to put together some of the Mental Hhealth Board's accomplishments."

4.6 New Business

Dr. Moses: "I would like to renew my request to have the Youth Guidance Center (YGC) Director speak to the Board. A high percentage of the youth are African-American. We need to ask about the exit plan for 18-year olds. I would like the Executive Committee do a commendation for Trent Rhorer."

Mr. Douglas: "I would like us to look into home support services for people who work."

4.7 Public comment relevant to Item 4.0

Mr. Kalman: "The Board voted on a budget resolution, but I never saw a budget. Two weeks ago when the Health Department budget came before the Supervisors, Dr. Okin was complaining that he had to cut \$1.5 million."

5.0 PUBLIC COMMENT

Member of the Public: "There is a NAMI meeting August 25 and 26. I heard that the program reviews are finished. Are they available for the public? Is there any interest in supporting dealing with psychiatric issues in non-traditional ways? Is there support for safer and cheaper treatments? I feel there is coercion for patients who are drugged into oblivion by too many drugs. They are pressured to take dangerous drugs."

Mr. Kalman: "Everyone remembers Supervisor Maxwell's presentation in January. We have 60 percent of the children in foster care, and 70 percent of the people in jail were in foster care. We need to follow up on this. On June 7, the Police Commission and Maxwell's Committee on Gun Violence reported. When the Chief gave her report, too much of the public stopped her. There were three shootings lately: one was at Ella Hill Hutch where a father was shot. I went to this meeting and it was stated by the President of the Police Commission that there is a lack of coordination between City services and mental health. Was anyone from mental health there? I went to Supervisor Maxwell's office to raise these issues."

ADJOURNMENT

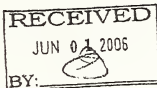
There being no further business, the meeting was adjourned at 9:07 p.m.



WALDEN HOUSE inc

June 1, 2006

Chris Daly
Supervisor, District 6
City and County of San Francisco
1 Dr. Carlton B. Goodlett Pl. #273
San Francisco, CA



Cc: James Keys
Barbara Garcia
Robert Cabaj
Jim Stillwell

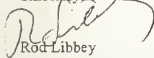
Dear Supervisor Daly,

I was recently contacted by a member of your staff, James Keys, requesting information as to how Walden House would serve the Tenderloin area under our successful proposal to provide outpatient substance abuse services to Central City (RFP-25-2005). Under this proposal, Walden House will provide a full range of outpatient services to the target population (homeless and indigent). At TARC in the Tenderloin, Walden House will provide engagement and readiness groups as well as intake and case conferences 5 days a week. Additionally, clients will be provided transportation in a Walden House van 3 times daily to our site at 15th and Mission where the full range of Walden House outpatient services will be available. Should these clients desire any of our additional full range of substance abuse services, such as residential care, they would be linked directly to these services as well. Organizations in the Tenderloin participating with Walden House are TARC/Continuum, South of Market Mental Health, Hyde Street Mental Health, Tom Waddell, McMillan Drop In Center, and the City Outreach Van.

Over the past month, we have had numerous meetings with Tenderloin providers to build the partnerships necessary for the successful delivery of services in the Tenderloin specifically, as well as to the full Central City population, and I am confident that this will be an excellent addition to existing services. As always, we will closely monitor the success of our services with the inclusion of the Tenderloin provider community and, should we need to make adjustments to the plan, we will certainly do so.

Walden House looks forward to bringing our 36 years of experience in providing services to City and County residents and neighborhoods to this new venture. Please let me know if I can provide any additional information.

Sincerely,


Rod Libbey
President & CEO
Walden House, Inc.



SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@igc.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, July 12, 2006

City Hall

One Carlton B. Goodlett Place

2nd Floor, Room 278

6:30 p.m.

PLEASE NOTE: THIS MEETING IS BEING HELD AT
CITY HALL, ROOM 278

CALL TO ORDER

DOCUMENTS DEPT.

ROLL CALL

JUL - 6 2006

AGENDA CHANGES

SAN FRANCISCO
PUBLIC LIBRARY

Item 1.0 DIRECTORS REPORT

For discussion.

07-06-07A11:54 RC:0

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public comment relevant to Item 1.0

Item 2.0 PRESENTATION: Mentally Ill in the Jails, Jo Robinson, Jail Psychiatric Services, Member, Teresa Caffese, Public Defender's Office.

For discussion.

2.1 Presentation: Mentally Ill in the Jails

2.2 Board discussion of possible Board responses to the presentation.

2.3 Board discussion of future presentations and agenda items.

2.4 Public comment relevant to Item 2.0

Item 3.0 ACTION ITEMS

For discussion and action.

3.1 Public comment relevant to Item 3.0

3.2 Proposed Resolutions

3.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of June 14, 2006 be approved as submitted.

Item 4.0 REPORTS

For discussion and possible action.

4.1 Report from the Executive Director of the Mental Health Board.

4.2 Report of the Chair of the Board and the Executive Committee.

4.2 a PROPOSED RESOLUTION: Be it resolved that the Mental Health Board will not meet on August 9, 2006.

4.3. Budget Committee Report: James McGhee

4.4. Report by members of the Board on their activities on behalf of the Board. Report of key findings from completed Program Reviews.

4.5. New business - Suggestions for future agenda items to be referred to the Executive Committee.

4.6. Public comment relevant to Item 4.0

Item 5.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at 101 Grove Street, (corner of Polk and Grove Streets), in Room 300. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, 14 Mission, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For

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Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

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To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 253-3474.

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Gavin Newsom
Mayor

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES

Mental health Board
Wednesday, July 12, 2006
City Hall, Room 278
San Francisco, CA 94102

DOCUMENTS DEPT.

AUG - 8 2006

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PUBLIC LIBRARY

BOARD MEMBERS PRESENT: Rebecca Turner, PhD, (Chair) James L. McGhee; (Co-Chair); Bob Douglas, J.D.; James Shaye Keys; Kate Walker; Toye Moses, Ph.D., M.P.H.; Tom Purvis; Idell Wilson; Lisa Williams, Virginia Wright.

BOARD MEMBERS ABSENT: Jagruti Shukla, M.D.; M.P.H.; John Kevin Hines; Benito Casados; Claudia Lebish

OTHERS PRESENT: Emeric Kalman, Member of the Public; John Dorsey, Member of the Public; Keisuke Shimizu, Member of the Public; Member of the Public; Helynna Brooke (MHB Executive Director); Ayana Baltrip-Balagás (MHB Administrator)

CALL TO ORDER

The meeting was called to order at 6:33 p.m. by Rebecca Turner, Chair

ROLL CALL

Ms. Brooke read the roll.

1.0 DIRECTORS REPORT

1.1 Directors Report

Overview:

Dr. Cabaj: "It is time to update the Organizational Provider Manual. Please visit the website: www.sfdph.org/CBHS/docs/OrgProviderManual2005.pdf to review your listing(s) and make any needed changes. (See Director's Report following for full details of the requested changes and additions.)

SAMHA's COCE (Co-Occurring Center for Excellence) recently updated its best practices web site, expanding Co-Occurring disorders information.

DPH received a grant from the California Endowment which funded DPH's five-part training series on Cultural Competence. Dr. Cabaj highlighted Dr. Francis Liu's work with San Francisco General Hospital as one of the winners. There were many runners-up as well.

The MHSA Plan was approved and the RFP's went out May 26th. The final applications are due June 28th. The Behavioral Health Task Force will work with this process.

Dr. Cabaj stated that "there is much more money in the pot, but we haven't received it yet. The State is holding on to it. We would have had two times as much money in the RFP if the State had released the money by now.

CBHS Integration is moving forward. A consultation with Ziaologic took place on June 5th and 6th."

Monthly Director's Report

1. Comings and Goings:

The Board of Directors of Bayview Hunters Point Foundation for Community Improvement announced the appointment of Ms. Lillian (Kim) Shine as the new Deputy Director of BVHP. Ms. Shine has served the Bayview Community for thirty-two years in various positions at the Foundation. Most recently she held the position of Interim Deputy Director during the search for a new ED. Prior to serving in that capacity, she was the Director of Human Resources.

2. **TRAINING ON CBRNE TERRORISM DISASTER RESPONSE** - "Managing the Psycho-Social Consequences of Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) Terrorism," to be held on August 2, 3, and 4, at the Federal Bldg., 450 Golden Gate Ave., SF, is a full-day workshop (9 am - 5 pm) available free for CBHS behavioral health counselors and others who may be called upon to provide early psychological intervention in the event of a CBRNE attack. The training addresses the critical knowledge areas and skills set that will allow behavioral health staff to work with the public health system in addressing the impact of such an event. Charles Cook, LSW, and Steve Crimando, MA, are nationally recognized and experienced experts and trainers in disaster and terrorism response. We encourage all CBHS agencies to send at least 1 - 2 staff persons each to this important training. To register for any one of the 3 training dates available, please fax your Name, Title/Degree, Agency, Address, Phone, Fax, and E-mail to (415) 252-3057. Indicate if you want CEU credits (for a fee).

3. **POLICY/PROCEDURE REGARDING: Pharmaceutical Company Representatives**

CBHS has tightened its Policy on Pharmaceutical Company Representatives (PCRs) to assure compliance with federal, state, and county laws and regulations, avoid conflicts of interest, protect client confidentiality, and promote unbiased, evidence-based prescribing practices. This policy will take effect on August 1, 2006. The revision was based on the recent AMA Policy Proposal, the Office of Inspector General (OIG) Compliance Program Guidance for Pharmaceutical Manufacturers, the Pharmaceutical Research and Manufacturers of America (PhRMA) Code on Interactions with Healthcare Professionals, the DPH Code of Conduct, and PCR policies in other DPH facilities and neighboring Counties.

The substantial changes to the previous policy are the following:

- PCRs are allowed to meet only with prescribers, by appointment.
- PCRs must be escorted to and from the waiting area by the prescriber with whom they have an appointment.
- No drug samples or vouchers are to be left at a CBHS clinic or program.
- Drug product literature, promotional materials, invitations, etc., may not be left in the waiting area, mailboxes or with reception staff.
- PCRs may not offer or provide any gifts to CBHS staff regardless of the monetary value (including pads, pens, mugs, clocks, flowers, candy or other items of nominal value).
- PCRs may provide modest meals only in conjunction with educational meetings that have been approved by the CBHS CME Committee medical director and the clinic medical director.
- Unrestricted education grants may only be offered to / accepted by CBHS Administration, to support currently identified training needs of the County.

The purpose of the CBHS policy on drug representatives is to ensure that PCRs observe all relevant federal, state and city rules, regulations, policies and procedures, and pertains to PCRs while they are conducting their business at CBHS and CBHS affiliated facilities, with CBHS and CBHS affiliated staff, during work hours. PCRs have been invited to a meeting with CBHS on July 31 to review the policy and discuss the changes.

4. **It is time to update the Organizational Provider Manual.** Next edition: September, 2006

Please visit <http://www.sfdph.org/CBHS/docs/OrgProviderManual2005.pdf>
And...

1. Review your listing (s)
2. Copy and paste that listing with corrections and modifications
(your program should be listed on the mode pages which are between pp 38 and 54 and then in alphabetical order beginning on page 55)
3. Add the following three items
 - *Your reporting unit number*
 - *Languages spoken at your program(s)*
 - *Whether your program(s) is wheelchair accessible*

Please send this information via email to: Amalia.Nuque@sfdph.org, Questions: 255-3481 or 255-3680.

5. **Co-Occurring Center for Excellence Web Site.** The Co-Occurring Center for Excellence (COCE) is the first national resource for the field of co-occurring mental health and substance use disorders. Recently, SAMHSA's COCE updated its best practices web site. Some topics that can be found are the Treatment Improvement Protocol (TIP) 45, *Detoxification and Substance Abuse Treatment*, overview papers such as *Addressing Co-Occurring Disorders in Non-Traditional Service Settings* and *Understanding Evidence-Based Practices for Co-Occurring Disorders*, ATTC Resources and Publications such as *Psychotherapeutic Medications 2006: What Every Counselor Should Know*. Please check the COCE Web site for more information on the above updates and other resources on co-occurring disorders. For more information, visit <http://www.coce.samhsa.gov/> or call (301) 951-3369.
6. **Mental Health Services Act (MHSA) Update.** Several proposals were received for the Mental Health Services Act. These proposals are being reviewed through the month of July. Many community members are serving on the review panels. The MHSA Behavioral Health Innovations Advisory Committee met on June 28th at 1380 Howard Street. Meetings of this group will alternate with community forums to continue to receive broad community input on mental health issues. The next community forum will be scheduled in August.
7. **CBHS Integration.** Change Agents have formed an orientation committee. The first orientation for new Change Agents will begin in August. After August, quarterly orientations will be held beginning in September. For information about how to become involved, please contact Lucy Arellano at 255-3687 or Alice Gleghorn at 255-3722.

To date, the following Programs and Change Agents have been honored for their work by CBHS. Congratulations!

- Sandra Suzaki , Mission Mental Health/CBHS Pharmacy
- Cortne Bui, Child Crisis
- Greg Jarasitis, City Wide CSM
- Bonnie Schwartz, Community Focus
- Ken Epstein, Edgewood Center
- Jane Carey, Family Service Agency
- Jeff Schoenfeld, Family Service Agency
- Jacob Simas, Horizons Unlimited
- Maryanne Mock , Southeast/CYF
- Omolade Roddy, Southeast /CYF

- Sandra Camarena, Mission Mental Health
 - Randall Solomon MD, Mission Mental Health
- Please call Lucy Arellano or Kathleen Minioza at 255-3585 to schedule a Change Agent Leadership Award.

Past issues of the CBHS Monthly Director's Report are available at:
<http://www.dph.sf.ca.us/CBHS/default.htm> To receive this Monthly Report via e-mail, please e-mail kathleen.minioza@sfdph.org

Dr. Turner: "Are there any questions?"

Mr. Douglas: "I don't understand the new health initiative."

Dr. Cabaj: "The health side of the initiative has focused on indigent care. The new plan is to fill the gap for people who don't qualify as indigent. There are 80,000 people without care."

Mr. McGhee: "Do we have a copy of the Director's Report?"

Ms. Brooke: "Sorry, we didn't get a chance to make copies."

Ms. Baltrip-Balagas: "I will mail copies to all Board members tomorrow."

Ms. Wright: "My question is about the programs for adults through the Mayor's Office."

Dr. Cabaj: "I was talking about our programs."

Ms. Wright: "What are they for?"

Dr. Cabaj: "For people with severe mental illness or their families."

Ms. Brooke: "A client who called ACCESS was told that DPH doesn't serve people with Medicare and Medical."

Dr. Cabaj: "Medicare wins out. We will take Medical, but we have to show that the clients tried other services first. We used to provide a list, but were told that by doing so, we would impede upon the trade of others not included on the list."

Ms. Brooke: "What about the whole standard of System of Care?"

Dr. Cabaj: "If no one told us they had insurance, we wouldn't know."

1.2 Public comment relevant to Item 1.0

There was no public comment.

2.0 PRESENTATION:

Jo Robinson, Assistant Director, Programs, Director, Jail Psychiatric Services
Teresa Caffese, Public Defenders Office

2.1 Presentation

Dr. Turner: "I would like to welcome Jo Robinson, Director, Jail Psychiatric Services and Teresa Caffese of the Public Defenders Office.

Jo Robinson was one of the founders of the Police Crisis Intervention Program, and Teresa Caffese is a strong advocate and component of the Behavioral Health Court."

Ms. Caffese: "People with mental illness are not treated any differently within the Criminal Justice System. The standard procedure is that they are arrested, charged, arraigned (advised of charge), assigned a Public Defender, and enter a plea.

I field many calls from family members concerned about a mentally ill child who has been arrested. It's sad, and you feel powerless. The public doesn't understand.

One option that is looking at this issue is the Behavioral Health Court that has been in existence for three years. Not everyone is eligible however. There are three requirements of eligibility a person must meet before participating in the court:

- Type of crime must qualify
- Axis I diagnosis
- Be amenable to treatment

There are now approximately 100 clients, and many others who are eligible cannot participate due to lack of resources. Also, many of the mentally ill do not meet the eligibility requirements.

How do we stop the jails from being repositories for the mentally ill? How can we prevent the mentally ill from getting into the system? How can we get them out?

The mental health and criminal systems are not well integrated even though many in jails are in the mental health system. A large number of people entering the criminal justice system are never diagnosed. There are many in the system whose needs are never addressed or met.

We need to find a way to integrate the two systems."

Ms. Robinson: "I'm going to give an overview of the mental health system in the jails. There are 800,000 admitted to U.S. jails each year. 70% of these are prosecuted for non-violent crimes. In San Francisco, 10%-11% of inmates have serious persistent disorders such as schizophrenia and depression.

The jailed population is the only population with the constitutional right to health care, including treatment of mental health issues. All inmates have to be screened for mental health problems. In the jails, there must be systems in place for crisis intervention and suicide prevention, management of acute disorders, and discharge planning. All services must meet the community standards. With the exception of 5150's, inmate participation in the services must be voluntary. San Francisco General Hospital (SFGH) is used for the County jail's acute unit, 7L.

Intake is done at County Jail 9 on 7th Street by a nurse and police officer. The nurse does the triage when the inmate first arrives. If the nurse believes the inmate meets 5150 criteria, he or she will be sent to the psych. ward at SFGH. If the inmate's condition is acute, he or she will be sent to Unit 7L.

If the inmate passes the first physical and psychiatric screening, he or she will be referred to the jail psychiatrist for further assessment to determine any specific needs that warrant addressing.

Of the 49,000 cases identified in the June 2006 Census, 4,096 of them went to the state hospital for forensics commitments. The rest were welfare institution commitments.

There are two studies on the Behavioral Health Court. One is a two-year study of 172 clients. The results were promising both in recidivism and reduction of violent crimes."

2.2 Board discussion of possible Board responses to the presentation.

Dr. Turner: "Please explain the criteria for being accepted to the Behavioral Health Court."

Ms. Caffese: "They must have an Axis 1 diagnosis."

Ms. Robinson: "Examples of Axis 1 diagnoses are schizophrenia, bipolar or severe depression."

Ms. Caffese: "The client must be amenable to treatment, and have a history of treatment.

Ms. Robinson: "The client does not have to have previously been in the mental health system. He or she has to actively be seeking treatment, and must do whatever the clinical professional requires. He or she must also attend community meetings, and anger management."

Ms. Walker: "When people in the program are seriously ill, most will need prescribed medication. Do all participants take medication? If they don't want to, are they ineligible for the Behavioral Health Court?"

Ms. Robinson: "It is not a condition of the program. It is what is agreed upon between the clients and their providers."

Dr. Moses: "I would like to commend Jo and her staff for the wonderful job they are doing in the jails. The program is very good. Let's talk about ethnicity. Many people in the jails awaiting trial are minorities. What seems to be the problem with the lack of minorities in Pod C?"

Ms. Robinson: "Those that participate want to. They can't be forced to go. I don't know the exact percentage, but there are a pretty high number of African-Americans."

Dr. Turner: "What is Pod C?"

Ms Robinson: "In Pod C, one of the psychiatric housing areas, there are three units for men and two for women. This is the most observed area compared to the others. There are deputies who constantly monitor the area. I wonder if the high-visibility is why there are fewer African-Americans compared to others."

Dr. Moses: "That might contribute to the issue."

Ms. Robinson: "It is voluntary to go. Many refuse."

Mr. Keyes: "Who sits on the Behavioral Health Court, and how does it work?"

Ms. Caffese: "There is one Deputy Public Defender, Jennifer Johnson who is very involved with mental health issues. The District Attorney Office assigns a lawyer, and Judge Mary Morgan is assigned by the Superior Court."

Ms. Robinson: "Jail Psychiatric Services donates staff to the court, and there are community providers."

The court only convenes on Thursdays."

Mr. Keys: "We have a Community Court for minor misdemeanors. I'm trying to correlate what I know about the Community Court and the panelists of the Behavioral Health Court."

Ms. Robinson: "Practicing mental health clinicians, attorneys, a judge, and community providers make up the Behavioral Health Court."

Ms. Caffese: "There are no lawyers in the Community Courts. Clients coming to the Behavioral Health Court have to have a lawyer."

Ms. Robinson: "The initial court hearing the case, along with the D.A. and judge must agree that it can be moved to the Behavioral Health Court."

Mr. Keys: "I'm concerned about the court's ability to understand and work with clients."

Ms. Robinson: "If the Behavioral Health Court accepts a case, a team consisting of a district attorney, public defender, and mental health professional meets weekly to continually monitor the client and case procedure. A case manager is assigned to meet regularly with the client in jail, and prepare reports for the team and judge. The whole team is active."

The client has to come back to court weekly to report on his or her progress. Some of the touching tales told by clients about their success with the program are really amazing. Some of my clients I met early in my career, and who were always in jail, have now been out of the system for two years."

Ms. Caffese: "Why can't we have more work at preventing people from ever entering the system in the first place, and getting them the appropriate treatment? Why can't we have this model in place before they reach the system? How do we provide this model before?"

Ms. Robinson: "800 people get admitted each year. People should get treatment earlier."

Ms. Wilson: "What is the percentage of women to men in the Behavioral Health Court?"

Ms. Caffese: "The percentages of women and men are equal in the court, but there are fewer women in jail."

Ms. Robinson: "The court meets in Department 27 at 2:00 p. m. on Thursdays. Invite everyone."

Ms. Caffese: "Resources for women are less, but the needs are greater."

Ms. Robinson: "So many women have a history of physical, mental, and sexual abuse. We try to shore them up so they can be as strong as they can for the court. We encourage them not to be vulnerable in jail."

Mr. Purvis: "Judge Donaldson came to NAMI to speak. How can we make this a regular, permanent part of the system?"

Ms. Caffese: "It would be great if the Board of Supervisors could fund the court. We could probably serve 100 more clients with more attorneys and case workers. Having one-on-one contact with the clients is very important. It would be good too if the court could be funded adequately."

Ms. Robinson: "Proposition 63 did not allow for funding. Not one member of the Board of Supervisors or Mayor's office has come to observe the Behavioral Health Court."

Ms. Caffese: "Like in family denial, the community denies the severity of problems and the existence of mental illness. Mental illness is like physical illness, we don't choose it."

Ms. Robinson: "And that we don't hide mental illness in jails. Only very sick societies do that. It is very unhealthy that we do that."

One of the wonderful things about the Behavioral Health Court is how many family members come. We don't see that in the jails. It's nice to see mothers, fathers, and siblings coming and reuniting with their relatives. The families are beginning to understand that it is not their fault that the child is schizophrenic. This realization is very empowering for families."

Ms. Williams: "I want to go back to the point of not a lot of African-Americans in certain areas. Many African-Americans don't want to admit to having a psychological disorder. So how do they get help?"

Ms. Robinson: "They are in another psychological housing area, but it is not as active."

Mr. Douglas: "Is there still drug diversion?"

Ms. Robinson: "There is a whole other court, the Drug Court handled by Judge Alberts. If a person is severely mentally ill, their case is sent to the Behavioral Health Court."

Mr. Douglas: "Is there still pretrial diversion?"

Ms. Caffese: "Yes. And the Drug Court is funded by the city and state. Why don't we start funding mental health?"

Dr. Turner: "What can the Mental Health Board do to help: maybe with funding?"

Ms. Robinson: "We see an average of 5,700 people a year. All do not have major mental illness."

Mr. McGhee: "I'm not surprised."

Ms. Robinson: "We have the largest mental health program in the city."

Dr. Turner: "What is the population that could be served by the Behavioral Health Court if funded?"

Ms. Robinson: "We could probably see an additional 100 at a time."

Mr. McGhee: "That's hard to answer because it is voluntary program, and not funded."

Ms. Robinson: "We need community support and programs, and case management. We want people out of jail and into the least restrictive environment."

Mr. McGhee: "You want more community-based organizations (CBO's) ready to assist your people."

Ms. Robinson: "Many are hesitant to accept these clients."

Mr. McGhee: "People don't accept mental illness. They don't want to talk about it, like racism. Both subjects make people uncomfortable."

I am surprised at the lack of funding. I think the Mental Health Board could advocate for funding. You are making a difference."

Dr. Turner: "Are there things we can do to advocate for you?"

Ms. Caffese: "I've been working with Robert Bunker to get a case worker in our offices. There are some people who come in and, for some reason can't go to Behavioral Health

Court; but the case worker works with the attorney to link the person to services. Some attorneys are not always aware of services that could help the client.

The Public Defender sees 22,000 clients per year—40%-50% with some mental illness or substance abuse. 25% of these have severe mental illness. For clients who don't qualify for the Behavioral Health Court, we have a case worker for substance abuse.

It would be great if the Mental Health Board could advocate for this."

Dr. Turner: "And why no Proposition 63 funding?"

Ms. Caffese: "Because we are not a service provider. I have seen clients come back with more serious crimes. I would like a way to help them so they wouldn't come back."

Mr. Douglas: "What about volunteer social workers or attorneys. We have them in the civil area."

Mr. Keys: "There is a budget of \$1.2 million for violence prevention. Adachi was involved. Couldn't someone contact his office? Couldn't someone from Violence Prevention be staffed in the Public Defender's office?"

Ms. Caffese: "We can't integrate services because of attorney/client privilege. Our work is focused on the client. We work as a team for that one client."

Mr. Keys: "Can their contact information be placed in the minutes?" (Jail Psychiatric Services: 415 995-1700; Teresa Caffese, Public Defender's Office: 415 553-9315)

Dr. Turner: "Thank you such a thorough and impacting presentation."

Mr. Keys: "We should figure a way we can fund the Court. How can we find the type of groups we can sponsor/advocate for—prison to re-entry; children who age out of foster care—finding a way to say you're doing a great job?"

Ms. Williams: "I am surprised about the Supervisors. We should go back to a Supervisor."

Mr. Purvis: "We should visit the Behavioral Health Court, and read published reports."

Dr. Turner: "I'm going tomorrow at 2:00 p. m."

Mr. Keys: "I've been in Supervisor Daly's office for 1-1/2 years and this is the first time I have heard about the Behavioral Health Court. If you don't ask, you don't get. People come to the Board of Supervisors for funding."

2.3 Board discussion of future presentations and agenda items

No discussion of future presentations.

2.4 Public comment relevant to item 2.0

Mr. Dorsey: "I was active in the past with Helynna Brooke and Michael Medema. I remember this being brought up. I have a friend, Lee Chan, a Buddhist Chaplain in the juvenile facility. He is involved with conducting meditation classes with the inmates."

There was no further public comment.

3.0 ACTION ITEMS

Ms. Brooke: "The Police Crisis Intervention Training was very successful. Benito, Bob, Tom, and Kevin were part of the panel, and staffed tables to answer questions from the officers. Kate was a role player."

3.1 Public comment relevant to Item 3.0

There was no public comment.

3.2 Resolutions.

3.2a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of June 14, 2006 be approved as submitted. (Approved unanimously.)

4.0 REPORTS

4.1 Report from the Executive Director of the Mental Health Board: Ms. Brooke: "We receive the following amounts for our annual budget:

\$135,000 from the city to staff the Board

\$40,500 for Community Behavioral Health Services (CBHS) Training

\$87,000 for Police Training (PCIT)

We earn \$4,000.00 indirect money from the CBHS Training Fund, and \$7,000.00 indirect money from PCIT's Training Fund."

Dr. Moses: "Do we have an audit?"

Ms. Brooke: "We will be scheduling an audit sometime in August."

Dr. Turner: "We will place an Audit Report on the Agenda for September."

Mr. McGhee: "Is there a copy?"

Ms. Brooke: "The Audit Report will be mailed. Anyone can come look at previous years' audits."

4.2 Report of the Chair of the Board and the Executive Committee: Dr. Turner: "The Executive Committee meeting is moved to the third Thursday, July 20, 2006.

I want to thank people who came early to kick off the committee meetings. We will do the same at the next full Mental Health Board meeting, with committees meeting at 6:00 p.m.

Does the Board agree not to meet in August? Is there any public comment?

4.2a. PROPOSED RESOLUTION: Be it resolved that the Mental Health Board will not meet on August 9, 2006.

We all agree then, that there will be no meeting in August."

4.3. Budget Committee Report: Mr. McGhee: "We talked about doing an event through the foundation as a fundraiser. I was flying back from D.C. and read American Airlines magazine article about Hollywood actors fighting mental disorders all their lives. Many of them are very involved in the mental health community.

We might want to hold an annual event to recognize those people in the community, and organizations for their work.

We also think the Budget Committee could get more involved with working on the budget. James Keys spoke a lot about the mechanics of hosting such an event. These will be determined at a later date. I am leaning toward doing a reception because it is more cost effective.

We will bring a more formal presentation to the September meeting."

Dr. Turner: "We can look at the expenditures and fees above our costs in hope of raising money."

Mr. McGhee: "We could look at sponsorship to cover these costs and the cost of a keynote speaker. Perhaps we could invite a Hollywood personality.

James Keys also mentioned looking at doing something around foster care. We need to be creative in getting funds."

Dr. Moses: "You guys did a good job. My question, whose going to implement this event? We only have 1.5 staff."

Mr. McGhee: "We could look at sponsorship to provide funding for extra staff and an event planner. Wells Fargo has a big community outreach program. They just hired an African-American in marketing.

We will present ideas."

Dr. Turner: "The Executive Committee needs to decide on what events to focus on first."

4.4 Programs Committee Report: Dr. Turner: "We looked at providing an award recognizing work places in San Francisco friendly and supportive to behavioral health: both non-profits and corporations who provide good mental health services.

I will follow up with the Mayor's office for possible connections."

4.5 Report by members of the Board on their activities on behalf of the Board.

Mr. Keys: "At the Budget Committee meeting on 6/29-30, the Multi-Services Drop-In Center received \$635,000. We're looking for more funding.

Supervisor Daly asked if the funds should go to the Department of Human Services. I advised that it should go to mental health. The Board needs to put together a recommendation on how the funds should be used."

Dr. Turner: "We should have Barbara Garcia talk to the Executive Committee."

4.6 New Business

Dr. Moses: "What about the Youth Guidance Center (YGC) Director? There has been no response to my recommendation for this presentation."

Dr. Turner: "We have contacted and invited the YGC director about coming in September or October to discuss issues that were brought up in Trent Rohrer's presentation last month.

I discussed the commendation with Trent, but he is not comfortable doing it yet. He wanted to wait for more information about how well children's needs were being met by the system.

I would like to commend Ms. Wright and Mr. Purvis for their work with Proposition 63."

Mr. Purvis: "I am going to an RFP panel tomorrow, Thursday, July 13th."

Ms. Walker: "Will we send a letter to Benito?"

Dr. Moses: "What happened?"

Ms. Brooke: "His sister passed."

Dr. Turner: "We can send one from the Board."

Dr. Moses: "Assemblyman Leno has been instrumental in working on mental health issues, advocating for consumers and providers. We should invite him."

Dr. Turner: "Good suggestion."

Mr. McGhee: "Let's invite Supervisor Peskin for September."

4.7 Public comment relevant to Item 4.0

No public comment.

5.0 PUBLIC COMMENT

Mr. Kalman: "I would like the Mental Health Board to receive a report about 5150's and how many clients go to crisis clinics, non-profits, and private providers. I would also like a financial report on money spent in mental health in the city. This was a state mandate.

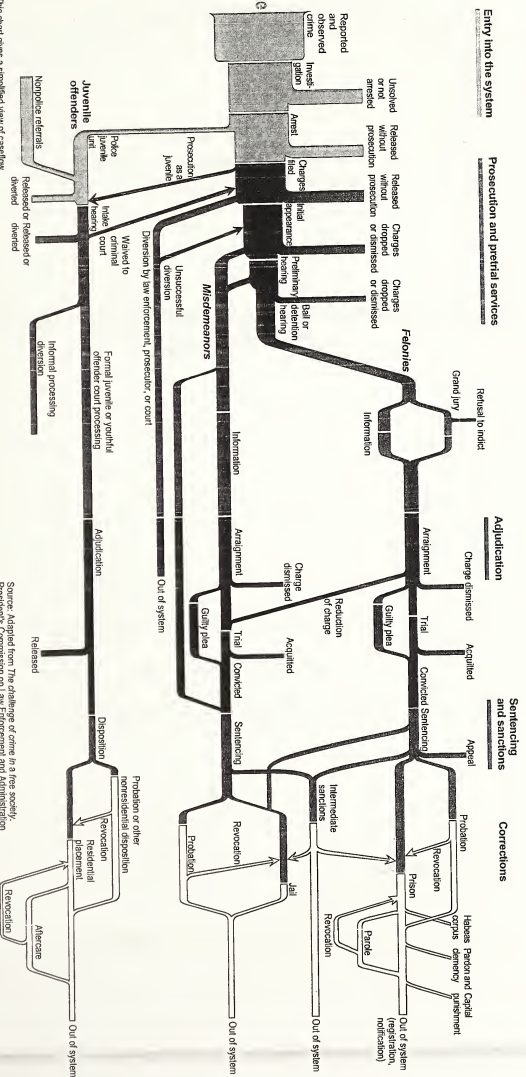
I see complete dysfunction between agencies. I would like the Mental Health Board to ask Recreation and Park for a report on services for use. Do they have special programs for people with mental disabilities? Could we ask them to report on their programs, especially for children and youth?

Also, I don't know why the Board of Supervisors is missing in action. We moved to be close to them. It would also be good to have a representative from the Mayor's office."

ADJOURNMENT

There being no further business, the meeting was adjourned at 8:45 p.m.

What is the sequence of events in the criminal justice system?



Note: This chart gives a simplified view of criminal justice in the United States system. Procedures vary among jurisdictions. The weights of the lines are not intended to show actual size of case loads.

Source: Adapted from *The Challenge of Crime in a Free Society*, President's Commission on Law Enforcement and the Administration of Justice, 1967. The 30th Anniversary of the President's Commission, was prepared by the Bureau of Justice Statistics in 1997.

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhbb@jgc.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, August 9, 2006
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 p.m.

PLEASE NOTE: THERE IS NO MEETING THIS MONTH
AUGUST 9, 2006.

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, September 13, 2006
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 p.m.

**PLEASE NOTE: THIS MEETING IS BEING HELD AT
CITY HALL, ROOM 278**

CALL TO ORDER

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ROLL CALL

SEP - 7 2006

AGENDA CHANGES

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10-07-06A10:40 RCVD

Item 1.0 DIRECTORS REPORT

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public comment relevant to Item 1.0

Item 2.0 PRESENTATION: Dennis Doyle, Director, Youth Guidance Center (YGC), Dr. Pierre Marie-Rose, Director of Special Programs for Youth (YGC)

For discussion.

2.1 Presentation: Juvenile Justice System

2.2 Board discussion of possible Board responses to the presentation.

2.3 Board discussion of future presentations and agenda items.

2.4 Public comment relevant to Item 2.0

Item 3.0 ACTION ITEMS

For discussion and action.

3.1 Public comment relevant to Item 3.0

3.2 Proposed Resolutions

3.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of July 12, 2006 be approved as submitted.

Item 4.0 REPORTS

For discussion and possible action.

4.1 Report from the Executive Director of the Mental Health Board.

4.2 Report of the Chair of the Board and the Executive Committee.

4.2 a. Election of Secretary: The Nominating Committee selected James Keys to be Secretary of the Mental Health Board. Nominations can also be made from the floor.

4.3 Program's Committee Report: Rebecca Turner, Ph.D.

4.4 Budget Committee Report: James McGhee

4.5 Report by members of the Board on their activities on behalf of the Board.
Report of key findings from completed Program Reviews.

4.6 New business - Suggestions for future agenda items to be referred to the Executive Committee.

4.7 Public comment relevant to Item 4.0

Item 5.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

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4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

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KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244

1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
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ROLL CALL

SEP 12 2006

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09-12-06A10:12 RCVD

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Mental Health Board

September 13, 2006

ADOPTED MINUTES

Mental health Board

Wednesday, September 13, 2006

City Hall, Room 278

San Francisco, CA 94102

BOARD MEMBERS PRESENT: James L. McGhee (Vice-Chair); Bridgett Brown; Benito Casados; Bob Douglas, J.D; Jeanna Eichenbaum, LCSW; James Shaye Keys; Claudia Lebish; Toye Moses, Ph.D., M.P.H.; Jagruti Shukla, M.D., MPH; Lisa Williams, Virginia Wright.

BOARD MEMBERS ABSENT: Rebecca Turner PhD (Chair); John Kevin Hines; Tom Purvis; Kate Walker.

OTHERS PRESENT: Emeric Kalman, Member of the Public; Brother Jefferson R. Johnson-Jeffrey-Reiken-Johnson Clergy Public Ministry (aka John Terrana Group), Member of the Public; Avi Peterson, Member of the Public; Member of the Public; Helynna Brooke (MHB Executive Director); Ayana Baltrip-Balagás (MHB Administrator)

CALL TO ORDER

The meeting was called to order at 6:35 p.m. by James L. McGhee (Vice-Chair)

ROLL CALL

Ms. Brooke read the roll.

1.0 DIRECTORS REPORT

Monthly Director's Report

- Awards.** Jim Stillwell, CBHS' Designated County Alcohol and Drug Administrator, has been presented the 2006 Bronze Key Award by the National Council on Alcoholism and other Drug Addictions-Bay Area (NCADA-BA). The Bronze Key Award is presented to a member of the community who has made a significant contribution to the field of Alcoholism. Arthur Bosse, Executive Director of NCADA-BA, announced that "Jim has been instrumental in assuring that the prevention and treatment of alcoholism and other addictions are a part of every discussion concerning the integration process of CBHS", and has been "readily available to providers with information and support, and has been a calm presence during a challenging period of transition." "Jim is a true advocate for the alcoholic and addicted population of San Francisco, whose dedication enhances the mission of NCADA-BA by educating the public about addiction and removing the stigma of a very treatable disease," he added.

The Bronze Key will be presented to Jim at the National Council on Alcoholism and other Drug Addictions-Bay Area's Third Annual Dim Sum Fundraiser and Silent Auction, November 30th, 2006, details of which will be provided closer to the date of the event. For questions or early reservations for the event, please call: Shelli Rawlings-Fein, Information Center Director 415-296-9909. NCADA-BA is an affiliate of the National Council on Alcoholism and Drug Dependence.

- External Quality Review Organization (EQRO) Review of CBHS.** As part of the federal waiver that allows County Mental Health Plans (MHPs) to be the sole providers of MediCal Specialty Mental Health Services in California, the State Department of Mental Health is required to contract with an External Quality Review Organization (EQRO) that conducts annual reviews of county mental health quality improvement activities. CBHS had the second annual review in

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March, 2006 and the final report was received in August, 2006. CBHS had a favorable review. The review assessed the CBHS response to twelve recommendations from the 2005 report and found that six had been fully addressed and 6 had been partially addressed; there were none in the not addressed category. Those in the partially addressed category were items that will require more than one year to fully address. Fifteen new recommendations were made that CBHS will be working on this year. The review also provided extensive feedback on two required Performance Improvement Projects that CBHS will use to strengthen these major activities.

3. **Recovery Day.** September is National Alcohol and Drug Addiction Recovery Month (an initiative of the US Department of Health & Human Services (DHSS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT).

The San Francisco Association of Alcohol and Drug Program Contractors (SFAADPC) and Community Behavioral Health Services (CBHS) are hosting the 3rd Annual Recovery Day event on **Friday, September 29, 2006** from 2pm-5pm at Glide Memorial United Methodist Church, 330 Ellis Street, San Francisco. This year's theme is "Building a Stronger and Healthier Community: Harm Reduction and the Recovery Movement". Keynote address will be given by Dr. Marsha Rosenbaum, Executive Director, Drug Policy Alliance.

This is an event for consumers and providers alike. There will be provider/resource tables, entertainment (some from the recovery community), food and prizes (raffle). Glide (Rev. Cecil Williams) has graciously hosted this event for at least the last 3 years and they provide use of their kitchen facilities (some preparation and storage of the food) and staff.

For questions related to this event, please contact Pamela Fairley, Outpatient Director, Iris Center, 415-864-2364 x202 or Donald Frazier at 415-652-4056.

4. **6th Street Multi-Service Resource Center.** On August 21st and 30th the San Francisco Department of Public Health, CBHS along with Supervisor Chris Daly's Office conducted two community forums to discuss the development of a 6th Street Multi-Service Resource Center to be funded in the '06-'07 City budget. Center services will be targeted to persons frequenting the 6th Street corridor who need resources for housing, mental health, and substance abuse services. Over 85 people attended and gave input on the types of services they would like to see at the center.
5. **Mental Health Services Act (MHSA) Update.**

The MHSA RFP Review Process has been completed and award letters have been distributed. Below is a list of the contractors and the services they were awarded.

Children, Youth & Families

- | | |
|-------------------------------------|--|
| • Instituto de la Raza Services | Violence & Trauma Recovery |
| • Community Youth Center Culturally | Increase Capacity to Provide Appropriate Svcs. |

Transitional Age Youth

- | | |
|--|----------------------------------|
| • Family Services Agency | Full Service Partnership |
| • Larkin Street Youth Services | Housing Service Partnership |
| • Larkin Street Youth Services Program | Transitional Residential Housing |
| • Larkin Street Youth Services | Supportive Services for Housing |
| • Larkin Street Youth Services | Peer Based Center or Services |

Adults

- | | |
|--|--------------------------|
| • Family Services Agency | Full Service Partnership |
| • UCSF Citywide Case Management | Full Service Partnership |
| • Hyde Street Community Services | Full Service Partnership |
| • Central City Hospitality House Housing | Supportive Services for |

- Central City Hospitality House Peer Based Center or
Services
- Walden House Inc. Residential Treatment

Older Adults

- | | |
|--|--|
| <ul style="list-style-type: none"> • Family Services Agency • Curry Senior Center Housing • Family Services Agency Services | <ul style="list-style-type: none"> Full Service Partnership Supportive Services for Peer Based Center or |
|--|--|

On August 30th the Mental Health Services Act Advisory Committee held its bi-monthly meeting in the Bayview community at the Southeast Community Center. The Advisory Committee discussed MHSA business during the first half of the meeting and opened up the second half for public comment.

6. **CBHS Integration.** On September 11th, an orientation for 2006 new Change Agents took place at CBHS. The meeting was facilitated by Change Agents Jeff Schoenfeld, Marlene Cheatham, Burt Kirson, Nat Jordan, Bonnie Schwartz, Sandra Camarena, Gladys Soto, Maryanne Mock, and Larry Nelson. Topics covered were COMPASS, Consensus Statement, Action Plans, Partnership Guidelines, and Dual Diagnosis Capability. There were 33 new change agents representing some first-time program participants such as RAMS, Infant Parent Program, Seneca Center, Team II, Aids Health Project, Mission Act, STOP, Episcopal, CASARC, Chinatown North Beach, Comprehensive Child Crisis, Hospitality House, BAART, Asian Youth, Multi Service Center and Mission Family Center. Many thanks to the dynamic Change Agent Orientation committee for their leadership and a great first meeting. And a very warm welcome to our new Change Agents!

On October 12th and 13th, Dr's Ken Minkoff and Chris Cline from Zialogic Inc. will come to San Francisco for their regular quarterly visit. On Thursday, October 12th they will conduct a full day of Leadership Training with Change Agents. The morning session will be focused on new Change Agents (those that attended the September 11th training). The agenda for Friday, October 13th is still being finalized. Please save the date! For further information on this visit, please contact Lucy Arellano at 255-3687.

The Integration Consensus Statement for FY 06-07 has been finalized and is available for all programs to review. Please contact your CBHS Program Director or Lucy Arellano for a copy.

In August and early September, the following Programs and Change Agents were honored for their work by CBHS. *Congratulations!*

- Burt Kirson, Homeless Outreach Team
- Mike Richards, Baker Places
- Gladys Soto, Mission Council
- Nat Jordan, Bayview Hunters Point
- Debbie Burrell, Bayview Hunters Point
- Suzanne Killing, Central City
- Francine Brae, SAGE
- Nancy Heilner, SAGE
- Maribel Leiva, Latino Commission

Please call Lucy Arellano or Kathleen Minioza at 255-3585 to schedule a Change Agent Leadership Award.

7. **Comings and Goings:**

Ernestina Carrillo will be joining 1380 Howard St. as Assistant Director of CBHS' Adult and Older Adult Systems-of-Care. Ernestina comes to CBHS from the San Francisco Behavioral Health Facility, where she last served as the Director of the Adult Residential Care Facility and was instrumental in putting together the plan for the reprogramming of the Mental Health Rehabilitation Facility into the SF Behavioral Health Center. Ernestina has extensive behavioral health background, including in psychiatric inpatient work, as well as development of culturally competent Latino behavioral health services.

Sachi Inoue, Ph.D., is joining Richmond Area Multi-Services, as their new Director of Adult Outpatient Services Clinic.

CBHS would also like to welcome **Jenny Chacon**, our new Health Program Planner. Jenny

transferred from SFDPH's Environmental Health Section where she worked as a Health Program Coordinator on a research project focused on improving the working conditions for day laborers and domestic workers. She will work on many varied projects for Community Programs, the first one being the community-driven API Health Disparities Workgroup.

Prior to SFDPH, Jenny worked for the American Cancer Society Silicon's Valley/Central Coast Region, a four county region, as a Health Programs Manager for the special population's initiatives. She received her Master of Public Health from San Jose State University. Jenny can be reached at: jenny_chacon@sfdph.org, 415-255-3905.

Deborah Vincent-James is the new IS Manager joining our BHIS Management Team to help support on-going operations and new BHIS development and implementation projects. Deborah has a long history in CCSF IT management including extensive IT project management, planning and budget process oversight.

Welcome to CBHS, Ernestina, Sachl, Jenny and Deborah!

8. **Other Upcoming Events:**

Integrating Mental Health and Substance Abuse Within the Recovery Model – September 15, 2006, 9am-5pm. Saint Mary's Cathedral Patron's Hall, 1111 Gough Street, sponsored by CBHS and Walden House. This training is designed to assist clinicians and providers with not only learning about the distinguishing features of the recovery model, but also implementing clinical and organizational transformations. Keynote speaker Mark Ragins, M.D., is one of the founding staff of the Village ISA. For more information, please contact Norman Aleman, CBHS at 415-255-3553.

Hoarding and Cluttering Conference – The Mental Health Association of San Francisco presents "Hording and Clutter Conference 2006 – Taking a Step Away From the Edge: Innovative Management of Hoarding and Cluttering" **October 26, 2006, 8:45am-5pm**, Saint Mary's Cathedral, 1111 Gough Street. Keynote speaker Dr. Randy Frost, is a national expert on compulsive hoarding and cluttering. Online registration is available at www.mha-sf.org. For additional information, please call Mental Health Association of San Francisco at 415-421-2926.

Past issues of the CBHS Monthly Director's Report are available at:
<http://www.dph.sf.ca.us/CBHS/default.htm> To receive this Monthly Report via e-mail, please e-mail kathleen.minioza@sfdph.org

1.1 **Directors Report: Board Discussion**

Mr. McGhee: "Unfortunately Dr. Turner is not here. She is sending her son to college in Scotland.

I'd like to introduce two new board members—Bridgett Brown, appointed to a Consumer Seat by Supervisor Sophie Maxwell, replacing Idell Wilson. She served on the Board previously and was also on the Mental Health Services Act Task Force.

The second member is Jeanna Eichenbaum—appointed to a Public Interest Seat by Supervisor Bevan Dufty, replacing Michael Medema.

I will ask them to share a little about themselves later in the meeting.

Dr. Cabaj could not attend but has provided his report for CBHS for you. So we have a report which I will ask you to take a minute to review. If there are any questions, we may refer them to staff.

Has everybody had an opportunity to review the report? Are there any comments from the Board?"

Mr. Keys: "I want to just mention on Item 4 concerning the Sixth Street Multi-Services Center. I had the opportunity to sit in on the very first meeting, and we had an absolutely fantastic response from the community; just great response. It looks like it will open in 2007."

Mr. McGhee: "Okay, thank you. Are there any other comments from Board members?"

Dr. Moses: On Item 6, could this be put on the next agenda next meeting, and ask Dr. Cabaj to report fully on CBHS Integration?"

Ms. Lebish: "I have a comment on no. 5 the Mental Health Services Act update. I would

be really interested in seeing the percentage of dollars that went to each of these providers. I would like to see where they decided to concentrate their budget."

Mr. McGhee: "You would like to see this at the next Board meeting?"

Ms. Lebish: "That would be great."

Mr. Casados: "I went to the meeting for this, for no. 5 as a representative for the Board, and they didn't have the numbers because they hadn't gotten the money yet; so they were hoping to have them by the time of the next bi-monthly meeting we have which will be in October."

Mr. McGhee: "We need to follow up on that."

Mr. Keys: Item 5, these contractors of course have been seen before. They're generally fairly large and very well-established and they are already on-going. I'm just wondering. Yes, I think we need to follow up on this, and find out who were some of the other contractors were. These are the usual suspects. There are other contractors who are doing something really good out there but are not getting accepted."

Mr. Casados: "To give you an idea, Larkin Street was the only RFP they got for any youth programs. Larkin Street and the Youth Services were the only ones to apply, and they got the contracts by default. Were there other applicants for this and other proposals?"

Mr. Keys: "Not to go back and forth about this. The RFP process is always just about numbers not needs."

Mr. Casados: "I would agree with that, but if you don't apply for it, there is nothing you can do."

Ms. Wright: "On this RFP list, I have not seen this group JVS that helps youth find jobs and get into programs."

Ms. Brooke: "They may have not applied. They have to actually apply."

Mr. McGhee: "We could pose the question about who else out there has applied, because right now we are seeing only those who have applied on this list."

Ms. Wright: "And how do they get to apply? What is the process to apply? They may not know."

Mr. McGhee: "Is there any public comment to Item 1.1?"

1.2 Public comment relevant to Item 1.1

There was no public comment.

Mr. McGhee: "I would like to recognize Supervisor Fiona Ma who has joined us and congratulate her successful win of the Democratic primary for to the State Assembly."

2.0 PRESENTATION:

Dennis Doyle, Director, Youth Guidance Center (YGC), Dr. Pierre Marie-Rose, Director of Special Programs for Youth (SPY), Robán San Miguel, Program Director, Behavioral Mental Health Services (SPY)

2.1 Presentation

Mr. Doyle: "I want to thank you for inviting us, and giving us the opportunity to come here tonight.

I asked Ms. Brooke what is the Mental Health Board. I had no idea what the Board does, and Ms. Brooke gave me a very clear explanation of what you do and how members have come to participate.

I started thinking that if I don't know anything about the Mental Health Board, then there are members of the Mental Health Board that don't know much about the Juvenile Probation Department. So what I plan to do is give an overview of the department, and then Dr. Pierre will be a little more specific about the medical and mental health services provided at the Juvenile Probation Department.

The handouts we are providing tonight can be downloaded from the internet, and are a

sample of what's available for whatever specific interests may arise out of tonight.

Basically, the Juvenile Probation Department works with delinquent youth, and we have five divisions within the department:

- Probation Services
- Administration and Finance
- Juvenile Hall
- Log Cabin Ranch
- Community Programs

I am the director of one of those divisions, Juvenile Hall. There are always a lot of misconceptions about what we do at Juvenile Hall. Juvenile is a short-term detention facility. Our current bed capacity is one hundred and four. We have a brand new building that is expected to be ready for occupancy in November. That capacity will be one hundred and fifty, although we do not intend to fill those beds. Our count today is one hundred, and we hope to maintain a count of 100 or less with some of these supplementary programs the department is involved in. For example, there is diversion to community-based agencies; there are home detention programs, and we are trying to expand those, trying to keep as many kids out of detention as we can.

Basically, our job is to provide care, custody, and discipline for kids that are secured in Juvenile Hall. The law comes from the Welfare and Institutions Code, Section 202, which defines that the care, custody, and discipline should be as nearly as possible or equivalent to that which should have been given by his or her parents. This basically is our guiding principle. It's a locked facility for kids accused of some very serious crimes, but we do try, in the absence of the parent to provide the care, custody, and discipline for these kids.

Obviously we provide for food, clothing, etc. And we also provide for physical and emotional, religious, educational, recreational and social needs for kids. We work on socialization skills while they are there. Also, we have a full educational program, part of the San Francisco Unified School District (SFUSD), with court schools. We have a full school program when they return home.

We try to maintain that parent role, but we also have that police role, too. It's a dual role. We have to ensure that we maintain a safe environment for the kids. Also protect the public, because these kids are accused of committing various serious crimes. So we have to maintain some security issues so that they don't escape; they don't hurt each other, etc.

It's a little bit sad, but we're getting kids lately coming in saying it is so dangerous on the streets, I'm really glad to be back.

These services are provided in partnership with the Juvenile Probation Department, also the Department of Public Health, which we have here tonight: the services from both mental and medical help. We also work with the San Francisco Unified School District and religious programs; and we work very closely with the community in doing counseling services and a wide range of activities for programming for kids.

Youth detained and Juvenile Hall fall into three categories.

- Youth awaiting investigative action immediately after admission. After they get arrested, they come to us on a serious charge. Normally, it's only a felony charge.

We also have CARC, the Community Assessment Referral Center. We ask the police to take the non-violent, misdemeanor types to them for counseling and community support. Sometimes they just get a citation as opposed to a booking in Juvenile Hall detention. Normally, we have screening criteria, where we try to take only the most serious charges before we have a kid locked up in Juvenile Hall.

So the first category is kids that first come into the door; and then within 48 hours if we keep them, if they are not turned away; sometimes we just release them right at the door. They'll come to us, and we will contact the parent, and give them a citation and send them back out with a citation to come back to court.

- If the screening criteria says we keep them because of the violent nature of the crime, or the repeat offence, or that they are danger to themselves. They go to a court hearing

within 48 hours and if the judge does not release them, they stay. So, we have pre-detained kids, and now we have post-detained kids—category two.

The third group we have is are kids we hold until the court decides what to do with them; ultimately, the court will adjudicate the case to where they are innocent or guilty. If they are innocent, they go home. They go back to where they came from. If they are found guilty, we may hold on to the adjudicated cases until they are sent to some other placement.

Sometimes, even when they are found guilty, they return home on probation. They may decide the kid becomes a ward of the court and send them out to another placement. We also have in our department our own Log Cabin Ranch facility down in La Honda. We have bed space there for 25 kids. Well, we have more bed space but we don't have the staff for more than 25 kids right now; but that's a program that runs up to seven months. Sometimes it will go beyond that depending on kids' behavior, whether they are following the program or making the necessary rehabilitative changes.

We have some pretty serious offenders that go to Log Cabin. We're doing our best not to use Youth Authority facilities based on problems we have read about in the papers with fiscal issues and the lack of care and organization in their facilities. This year we've sent two kids to the California Youth Authority. That's down from eight or nine from last year.

That's about all. I just want you to understand that many people have a misconception about what we do. We don't just house kids in Juvenile Hall. We are a holding facility until the court decides that these kids need to continue through that court process based on their guilt or innocence of the serious charge they are here for. Once they are adjudicated, again they leave us. We don't just house kids in Juvenile Hall indefinitely.

Our options are not that many, but we try to get the kids into the best environment for them. Sometimes that means going home; sometimes placement; sometimes Log Cabin, sometimes the Youth Authority facilities. We have to measure the best interest of the kids and the protection of the public.

I also have some statistical information. On the internet we have our annual reports that are available on the Juvenile Probation Department site of the City web site. I have a one-page statistical summary for 2005. In 2005, we had 1838 kids booked at Juvenile Hall. The average length of stay was 19 days, and our average daily population was 100. That gives you some idea of the turnaround we have.

There is a wide range of kids that come through the door: many whom we may be able to release with a citation or referral to a CARC program. At the same token we have some kids who are tried on 707B charges, serious crimes and may be tried as adults. We have kids with murder charges, attempted murder, etc. We just had three kids involved in a car-jacking in the last few days, and the District Attorney is looking at possibly filing 707B charges on those kids.

The more serious cases and those kids, who are going to be adjudicated as adults, obviously stay longer. The adult process is much longer than the juvenile process. The nineteen days is again, an average for the year for the length of days kids are involved with us. The number of kids that went through the court process, and were placed on ward probation was 486 for the year 2005.

The monthly report is just a sample. We have the annual reports completely through 2005, and there is a string of them covering the last five years on the internet for those who are interested. Starting in January through July, I have the update for 2006. We have the monthly reports that will, at the end of the year, be compiled into our annual report.

The other thing just to make clear is that Juvenile Hall and the Juvenile Probation Department work primarily with the 602 law violators as opposed to the 601 section of the Welfare and Institutions Code. The Welfare and Institutions Code defines 601 status offenders as runaways and truants. They do not come to Juvenile Hall. We have a contract with Huckleberry House that takes those kids. Obviously, we don't take Section 300 cases, which are dependency issues.

There has been some interest or question about the elevation of 300 dependency cases

into the delinquency system. I don't have specific statistics on that. We can pull those numbers up in the future based on the history of those kids if you are interested. We can see how many kids with 300-status were elevated into the delinquency system.

I want to close with one other comment and then briefly introduce Dr. Pierre. I have been at Juvenile Hall for 30 years, and have seen a lot of changes and different administrations, and I just want to comment on the elevation I have seen over the last few years, especially with Dr. Pierre's leadership as far as community staff expanding services for not only Juvenile Hall, but also Log Cabin Ranch. They do out-patient things, and other things around the city. I will let him tell you what he does. I just want to let you know that based on my 30 years and the relationship we have with the SPY staff in Juvenile Hall, the Juvenile Probation Department I think, is better than I have ever seen it before. And I think I've seen probably real genuine interest into trying to work together cooperatively since we are all working with the same kids. The mental health services staff and the counselors at Juvenile Hall have made tremendous strides in dealing with some of the very serious mental health issues that we have.

That's it, and I want to introduce Dr. Pierre."

Dr. Pierre: "Good evening and thank you for the invitation. I want to thank Mr. Doyle for his kind words and my name is Pierre Joseph Marie Rose, and that is why I go by Dr. Pierre.

I have been at Juvenile Hall for only 15 years, but I too, have never seen the level of cooperation that is now going on. I would venture to say that in the past I have seen interaction that was almost adversarial or mutual tolerance at best. Whereas Mr. Doyle and I assumed our roles almost simultaneously, didn't really know each other all that well, but we met professionally and have worked somewhat in tandem since then, and we both feel that only if we are working well together, will we be able to take care of these youths.

I personally consider the youth we serve to be some of the most vulnerable children in the system. By virtue of the fact that they are already involved in the Juvenile Justice system, I feel we have already failed and, many of the services that we have tried to set up for them did not reach them, or did not reach them in a way that could prevent them from ultimately ending up in detention. We really feel that what we do is very important, so for us to be here is a privilege. We do want people to know what we are doing. We do live in our own insulated universe at times.

One of the things I thought was very important was to focus on the mental health aspect. I'm the Medical Director and the Director of the program. I'm going to focus on mental health which we are now being asked to follow up on as the bigger side of health issues. Basically, one area where we are really trying to do things differently is to reestablish integration with community-based mental health downtown. Not just as a formality, but literally. We're getting the different doctors in the system familiar with what we are doing. They are in our on-call rotations. They're coming up and seeing kids at Juvenile Hall. Just in case that our needs are such that we need to call on them; and when we do have a situation, they have that familiarity. There's an infrastructure there. This is very important because for years the services up on the hill were very isolated; not only for the Juvenile Hall System, but for public health as well. We've really taken great strides in establishing some degree of integration.

Since becoming director two years ago, I have tried to take a prioritizing approach to things; looking at the issues I felt really needed fixing. My first year and a half a lot of that dealt with human resources issues: trying to get the right people in the right positions; trying to get positions that have been traditionally unfilled for years, filled. My job has become kind of difficult because I feel like the services we are providing right now are in general, if you are looking at detention facilities, significant.

There was a recent article in the Chronicle that was titled, "Suit Assails Health Care Services at Juvenile Detention Facilities." Though the article had San Francisco's name at the top, if you read the article, you'll see that every detention facility in the Bay Area except San Francisco is mentioned in that lawsuit. I don't think that's an accident, but when I try to explain my staffing, I'm asked why I need four Master's level service providers when another may have none. I tell them frankly, because others aren't doing

it right and we're trying to; and if you want to correct things that have been done wrong for a very long time, it is very difficult.

I'm not going to go into too much detail about our services because I have asked our Program Director of Behavioral Health Services, San Miguel San Miguel to join us tonight. I brought her on in January shortly after bringing on a new psychiatrist, Dr. Renée Marquardt, who could not join us tonight. San Miguel has put together a very useful informational sheet that we can go over afterwards. I would like you to go over this material, and then maybe you will invite us back in a few months, maybe after we move into our new facility. That is a big challenge right now, to maintain certain systems when everything around us is about to change.

Let me have Robán San Miguel give you a brief overview of our mental health services, and then we can entertain your questions."

Ms. San Miguel: "Thank you. I appreciate coming. I came here a couple of years ago when I was Director of Family Mosaic Project. I would like to introduce Valeria Lleget. She's a Bachelor of Social Work Intern and just started with us, and what more of an appropriate way to introduce what we do in Juvenile Hall then to bring her to a commission or board meeting.

Dennis talked about five areas of coverage that JPD, Juvenile Probation Department is in charge of, he being Director of Juvenile Hall. We mirror that in behavioral health. So we have clinical staff in Juvenile Hall; we have clinical staff at Log Cabin Ranch, and we have a licensed site tech. at CARC. We have teaching staff to cover those three areas.

In addition, we are mandated by the California corrections staff that we need to screen all youth coming into Juvenile Hall within the first seventy-two hours. We need to do a screening to determine which of those youths may need further mental health follow up, and once we've made that determination, we actually do follow up. A piece that I think I bring to the table is my long established connections with community-based programs in San Francisco; so I am able to link the youth that already have either a substance abuse or mental health program in the community with them while they are in Juvenile Hall if they're going to be there for a while. If they are not connected already, and Juvenile Hall is not able to provide that service, we will try to connect the youth with the appropriate program when they are released.

We do a lot of on-call work. The youth that Dennis talked about that were just arrested, and may possibly be tried as adults, are facing a very stressful situation. Fortunately, the staff at Juvenile Hall contacted us immediately as did probation officers, as did public defenders because these were the youths who had the most serious reaction in court when they heard they faced the possibility of being tried as adults. We were able to follow up with them almost immediately, within a couple of hours, versus waiting until they had a more adverse reaction, where we may have had to be dealing with suicide prevention protocol. That kind of collaboration and communication has been growing in the past year. People more readily pick up the phone and call us, and we don't wait for an explosion to happen.

Like Dennis said, a lot of our youths have experienced multiple traumas in the community due to violence or other traumas in their lives. One thing I realized in putting this together, I didn't stress how much work we do with youth around trauma: historical trauma, acute trauma, and chronic trauma. This is an area where we get calls to cover.

We have youth who are special education youth who also have mental health issues; so they are classified as AB3632 for example, and if they have not connected with their provider in a couple of years, but now they're at YGC, we can help them get back in contact.

At Log Cabin Ranch, we have 1.5 therapists there who are there to provide services four days a week, and twice the month on Fridays. When I first came on in January, we had no body at Log Cabin Ranch, so we were able to change that and hire new staff.

We've also embarked on evidence-based processes. Chief Siffermann is a very much pro evidence-based process person as are lot a people around this table, as is Barbara Garcia, and so what we've done is collaborate with an initiative with seven agencies in

northern California where juvenile halls and mental health have come together to provide an evidence-based process in Juvenile Hall called Aggressive Treatment Training. It's a three-month project with skills training and anger management. We've been able to put that up on B-1, our youngest unit in collaboration with Juvenile Hall staff, and at Log Cabin Ranch. Once we get settled in our new site, we will look for further areas to continue this work.

Collaboration is a big part of what we do, so we welcome opportunities to look at possibilities of working with you and what you do around this table."

Dr. Pierre: "A big thing you can see is collaboration and integration. Even within special programs for youth that do both medical and mental health services for youth in detention, there was a disconnect between the medical staff and the mental health staff; which you really can't have. We don't have 24-hour mental health coverage on site, and so for the 12 hours where there is no mental health coverage the nursing staff are the first-responders to mental health situations and they have to be integrated with staff. I just want to point out that I believe strides have been made in that area as well, which has enabled us to provide what is very close to a seamless service around the clock."

2.2 Board discussion of Possible Board responses to the presentation

Dr. Moses: "First of all I want to thank all of you for a very comprehensive presentation. I have two questions: When the juvenile turns 18, what happens do them? What kind of exit plan do you have for the kids released?"

Mr. Doyle: "There's an exit plan for every kid who is released."

Dr. Moses: "Can you elaborate on that?"

Mr. Doyle: "As they go through the court process, there is a public defender, district attorney, and probation officer all working on this case. We get the community involved to make a plan for this kid whether it is some support in the community to work with the family. Sometimes the charge is more serious. Sometimes we have to take the kid away from the family and maybe put him in a private placement group home situation, whether it entails some follow up counseling or training. It could be possibly up to a year before they are returned back home.

We try to build the individual's confidence. Quite often we have to also deal with parenting issues before a kid is returned back home. But all of that is a part of the probation officer's job to integrate the public defender's recommendations or the district attorney's recommendations to determine what's in the best interest of the kid, and what's in the best interest to protect the society. That includes developing the kid's job skills, trying to get them integrated back in school if they have been out, and working with community-based organizations on some of these home detention issues where we follow up."

Dr. Moses: "And the second question is today the Mayor had a press conference talking about addressing more aggressively truancy problems. How will Juvenile Hall deal with the increased population that these strategies may cause?"

Mr. Doyle: "I read in the paper yesterday, that there is no plan to have those kids with truancy, which is not a violent offense, to be sent to Juvenile Hall."

Dr. Moses: "Some of them are already on probation. I was there today, and those who are on probation are housed at Juvenile Hall."

Mr. Doyle: "If they are arrested on a violation of probation, that's a different story. Then they would come to Juvenile Hall, but more than likely they wouldn't stay more than for a detention hearing, and they may get increased supervision. I think the main focus of this is to try to catch the kids at an earlier age that are out at one o'clock in the morning without supervision. They're trying to make some impact on some of those younger kids before they are just hanging out on the street corners, and pretty soon they're involved with drugs, and gang activity. I don't think we are going to see a spike in our Juvenile Hall population due to this truancy issue."

Dr. Pierre: "As Mr. Doyle mentioned, I think Juvenile Hall and Probation work hard to keep the numbers low, but at one point this has been a very challenging year for us, and we had a point where we had extended period, where the sentences were from

somewhere between one hundred and twenty and one hundred and thirty days; and I just have to add a comment that what I saw from the Juvenile Hall staff was not only exemplary but resourceful.

I also just want to comment on your first question. I think there is a misconception between detention facility and a disposition facility. Log Cabin has seven-month program where kids can get their GED, and work on job skills, where their stay at Juvenile Hall is much shorter, and there is a high rate of recidivism. We see our role as making sure that whatever plan is involves getting them connected with the services they need once they hit the street."

Ms. San Miguel: "In terms of mental health, we are involved with making recommendations for multi-systemic therapy which is funded through a SAMHSA Grant, for Juvenile Hall youth once they are released. We also are involved with making recommendations to the multidisciplinary teams established on the probationary side."

Supervisor Ma: "We know that crime has been increasing lately. You just reported that there were more juveniles at the Hall. What is it? Is that we don't have enough officers on the street? Are there too many drugs? Are there guns? Is there gang violence? Not enough mental health services? What is contributing to this phenomenon? "

Dr Pierre: "I feel that a lot of people with whom I work at Juvenile Hall are experts on the subject, and we are kind of scratching our heads too. I'm not saying that there isn't a definable element, but I don't think that we have identified it yet."

Mr. Doyle: "I think if guns weren't so prevalent, we would be looking at less violent crimes. We're also seeing more kids who don't demonstrate having feelings. There is something wrong with our society that our children don't have the same values we had."

Mr. Casados: "For the more serious mental health cases that you see at Juvenile Hall, what services do they receive medication wise as well as therapy wise? How much of the population that you see? Can you give a rough number of those that need their mental health needs treated?"

Ms. San Miguel: "I can speak to medication. We have about 10-12 youth on medication right now. That's out of about 100. We see the youth weekly or two to three times a week, depending on the need. We can make recommendations and we work with kids' therapists. The probation officers and counselors at Juvenile Hall coordinate that so that the therapists get passes."

Mr. Casados: "Can kids refuse medication?"

Ms. San Miguel: "We cannot force medication."

Ms. Wright: "I have four children, one with mental challenges. I can say that some of the children lack parental supervision. It is very hard for parents too, because if you are a single parent and you have to work, it's very hard to keep an eye on kids all the time, and checking if they are going to school all the time. I think it's very important that there are more programs, and that the city helps these parents with these young children.

I have been helped with my child by the city programs, and it's been great, but I have had to be very active in finding these programs. There are parents who can't do this. The city needs to make people aware of these programs. They also need to have later programs for parents after work."

One of the things I think is causing more violence with children is the lack of city programs. There also needs to be better evaluations. Some the children that seem to be okay, change when they get older. My child was fine until he went to high school.

Another question I have, is how old are young people that you have there at the Juvenile Hall?"

Mr. Doyle: "The youngest we have today is 12; but we have had kids as young as 10. We don't keep them unless there is an override by the chief probation officer to the seriousness of the charge. Unless we can't find a place that can provide supervision for that kid and still protect the public, they don't stay too long. There was one case 20

years ago where we kept a 10-year old because there was a gun involved."

Dr. Pierre: "We try to get as much done while we have them there."

Mr. Douglas: "How do kids break down in terms of gender?"

Mr. Doyle: "We have four times as many boys as girls: 80 boys, 20 girls."

Mr. Douglas: "Do you work with the State Department of Rehabilitation?"

Ms. San Miguel: "If we can qualify young children through Golden Gate Regional Center, then we can work with the State Department of Rehabilitation. We do our best to get the evaluations needed while they are there, and recommend that probation make this part of their rehabilitation when they are released."

Ms. Lebish: "What is your follow up system once the youth is out of the juvenile system? What is the rate of recidivism? Is it lower than if they have never gone through the system in comparison to the general adult population?"

Dr. Pierre: "Our word for follow up is probation. Probation is a different department. It's a form of supervision and coordination. Special Programs for Youth tries to work very closely with the Probation Department. It's another area that has been deficient in the past and we are gradually making inroads into, enabling and assisting each other to help the youth get proper services. I'm not sure if the issue of recidivism can be explained that easily. It can be anything from anti-social behavior to a group home losing its license. In cases like this, we have to hold on to them until such time that an appropriate place can be first, agreed upon and then placed."

Ms. San Miguel: "Probation can mandate mental health treatment as a condition. We struggle a bit with this, because how many adults go voluntary for therapy let alone adolescents, but we still think it's important to have that as a condition as part of their probation, and we try to work closely with them to connect them to an appropriate community-based organization in the city. We do this for youth who are uninsured or who have Medical."

There is a misperception that the majority of youth are on Medical, but the reality is that many of the youth have private health insurance. That is the gap we in the Department of Public Health have. We cannot meet the needs of these youth. We can encourage parents and try to help them navigate the system. We don't really have control over that; but for youth who are uninsured or Medical insured, we can connect them to what exists in the community, and have that therapy connect with the probation officers so there is some level of continuity. We are following up and making that a tighter referral process."

Dr. Shukla: "I have a two-part question. Given the very short average length of stay, 19 days, I would like to know if the initial screening that occurs in the first 72 hours is an exploration of past medical history, or are any medications or suicide ideations done; or is that more of an exploration of where they are at and what they are feeling about what has occurred?"

The second part of the question is - if you did have resources available, do you think it would be useful to put it into the therapist's, counselor's, or psychiatrist's services; or do you think that money would be better served after they leave, or earlier in their life?"

Ms. San Miguel: "We do both in our screening. We look at past medical history, medication, and current response to their present crisis situation. We see this as a window of opportunity, because this is often when we can gauge youth in a different way."

This is very short term. We know from national research that the greatest risk for suicide for youth in detention is within the first seventy-two hours. We absolutely want to know how this youth is adapting to this very stressful situation, but we don't want to have them be at risk for suicide. We work very hard to have initial input into that first seventy-two hours."

Again, if they are uninsured or have sought services, we have records that we can pull up. I know if they've been to Child Crisis or if they just came from Edgewood. I know if

they were seen at Bay View/Hunters Point or Mission; so I can connect almost immediately with their therapist in the community if they have one.

Also the Probation Department has set up a daily two o'clock meeting where the Department of Human Services (DHS), school district mental health, and probation attend; so that we bring information in a multidisciplinary way to try to determine whether this is a youth at higher risk for mental health or DHS related issues. Then there is a particular unit within the Probation Department that takes half of these cases. The follow up here is more structured but is in close collaboration with the Department of Human Services (DHS) and mental health in daily meetings.

This collaborative structure allows a strong multidisciplinary approach to assessing a youth's case. This helps us determine in that initial time if it's going to be three days, nineteen days, or one hundred and forty-five days that we can work with this youth.

I think there is a way for us to begin to look at how we better use the resources that currently exist in terms of linking youth on probation with community-based organizations. There are some of these organizations that are very good at doing street outreach as follow up. This is the kind of follow up that we need.

There is always need for more resources. "

Dr. Pierre: "I think we would all like to see more resources to catching youths earlier in their lives, except we are in a state of crisis. I'm completely focused on the kids that are coming through our doors everyday."

2.3 Board discussion of future presentations and agenda items

No discussion of future presentations.

2.4 Public comment relevant to item 2.0

There was no further public comment.

3.0 ACTION ITEMS

3.1 Public comment relevant to Item 3.0

There was no public comment.

3.2 Resolutions.

3.2a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of July 12, 2006 be approved as submitted.

Mr. McGhee: "I have one amendment. Change my title 'Co-Chair,' to 'Vice Chair.'"

Minutes approved with amendment.

4.0 REPORTS

4.1 Report from Supervisor Ma:

Supervisor Ma: "I am happy to participate today and met with James and Lisa on some of the issues.

I have been very active with mental health issues over the past four years. Four years ago they wanted to close the MHRE, and Sophie Maxwell and I fought to keep it open. I am a big believer that if a facility is close in a particular neighborhood, because of the stigma surrounding mental illness, you will not be able to open another one.

I also fought to keep the Sunset Mental Health Services open when Mayor Newsom wanted to close it, and sell the building for \$3,000,000.

My mother has mental illness. Recently, she spent three weeks at Langley Porter, trying to adjust her medication. She is now doing better than before. I really understand what the family goes through when there is mental illness in the family. I feel very strongly that we must do everything we can to help families and consumers, also to fight for more services.

I was major a proponent of Proposition 63, and unfortunately we did not get the amount of allocated funds we thought we should have gotten; so I will be in Sacramento working hard to revise the allocation formula so that we do get more money here in the Bay Area.

One piece of good news, Mark Leno has been appointed as Appropriations Chair in the State Assembly and so I feel very strongly we are going to have a strong advocate up there for continuing the strong funding that we have here in the Bay Area. I will be working closely with him to make sure that many of the programs and services that we all depend on get funded.

I thank the people of Juvenile Hall. I also fought to keep Log Cabin from being cut four years ago. Sophie Maxwell and I went down to visit and we saw what a successful program it is. Supervisor Daly is also a huge supporter of mental health services as well as Log Cabin and all the youth services; so we have very good advocates on the Board of Supervisors.

In my meeting with James and Lisa they filled me in on some of the issues that the Board has been looking at, and have come up with something that is exciting. May is mental health awareness month, and we thought for next May that we would organize either a half-day or one-day conference where we could bring providers, experts, community-based organizations to do a mental health awareness fair which has never been done before.

I think this is something the Board can work on, looking at ideas about how we can structure the fair. I will also be at the state level to provide funding to make that day a success.

We also talked about foster care. Karen Bass in the State Assembly has been taking a lead on foster care. This has been a very important issue at the state level. The San Francisco Chronicle continues to write about the importance of putting more money back into the Foster Care System. I held a hearing on foster care two months ago, and realized there isn't enough money for counselors. Youth in foster care are placed in so many different locations throughout the Bay Area that it is not always feasible for the counselors to provide services; so we are hoping to provide more money in this area. We are also looking at better placements and aiding custodial family members.

Helynn and I go way back. Not only was she a constituent in my district for many years, but we have worked many years in the women's community. I want to take this opportunity to introduce one of my new interns, Jenny Lam, a recent high school graduate who is currently attending the College of San Mateo.

Are there any questions?"

Mr. Douglas: "There is a big problem with youth aging out of the Foster Care System. There is something that needs to be done about this."

Supervisor Ma: "I agree with you. I think we do a good job about providing services for youth up until the age of eighteen. This is when they fall through the cracks. Two years ago we extended our Healthy Kids Program to include kids up to twenty-five years old; because we saw that many of them did not have adequate health insurance. We need to provide more services, jobs, vocational programs for these youths who are emancipating out at age eighteen."

Dr. Moses: "Firstly, I would like to congratulate you on your next step. I would also like to thank you for all you have done for mental health. When you get to Sacramento, we would like you to consider the grandparents who are caregivers. They need supplemental funding, because their income alone is not enough. We would like you to make this one of your priorities."

Supervisor Ma: "Thank you Toye. I do see a lot of grandparents in the African-American community taking care of their grandchildren. Betty Wright, for example in the Sunset District takes care of her three grandchildren. I will definitely push for more funding for grandparents."

If there are any other ideas you would like me to work on in Sacramento, please let me know; but mental health is going to be one of my top priorities, and I look forward to working with the Board for many years to come."

4.2 Report from the Executive Director of the Mental Health Board:

Ms. Brooke: "I have the police training coming up the third week of October. If there are any consumers of family members on the Board who would like to participate on the

second day, we will have panelists and people at the table to talk with the police officers during lunch. Mr. Douglas and Mr. Casados have participated. Ms. Brown has done it for a number of years. Ms. Walker as well, and Mr. Purvis; so let me know if you are interested.

I also want to announce and congratulate Ayana Baltrip-Balagas for having completed her six-month probationary period. She has some exciting ideas coming up, one of which may be a newsletter that would come out two or three times a year. She will be working on developing a format for that, and getting all of our things into a nicer format. She's just about finished with our brochure about the Board. She has also got us just about fully transitioned from the Mac to the PC, and now I can send you documents by email, and receive Microsoft Word documents."

Dr. Moses: "When we have presenters, it might be better to have their material sent ahead of time so that we can review it prior to the meeting.

My next question concerns the Budget. We moved to a meeting place that is more cost effective. Is the money saved being used more wisely?"

Ms. Brooke: "For the Budget, we have to show specifically how we use the basic budget the Department gives us, we also get an indirect. The challenge is that I can't incorporate in the way I do the budget. It shows as a separate item. So, some of the items in the expenses every year do go over and use part of the indirect, but we do have approximately \$4000.00 from our indirect that we can use to help with events, or pay for an intern."

Dr. Moses: "This was very helpful."

Mr. McGhee: "I would suggest that the expenses for the previous quarter be presented on a quarterly basis."

Mr. Douglas: "You want to update the disability access information on the agenda."

4.3. Report of the Chair of the Board and the Executive Committee:

4.3a Election of Secretary:

Mr. McGhee: "The Nominating Committee has selected James Keys to be Secretary of the Mental Health Board. At this time we would like to hold a Board election and also open up to the floor to any other Board Members who would like to nominate anyone else to be Secretary.

Nominations are closed and James Keys is elected by affirmation."

4.4 Programs Committee Report:

Mr. McGhee: "We discussed having a sub-committee to be a planning committee made up of members from both the Budget and Program committees for the May event. This sub-committee would come up with a tentative agenda to bring back to the Board.

Each Board Member needs to sign up for a committee by the end of this meeting. From there we can then construct the sub-committee."

4.5 Budget Committee Report

Mr. McGhee: "This is the same as the Programs Committee report.

4.6 Report by members of the Board on their activities on behalf of the Board.

Mr. Keys: "Kevin Hines' movie about the Golden Gate Bridge is about to come out. Also, I have a small cameo in the new Will Smith movie coming out in December. We should all support Kevin."

Dr. Moses: "I was appointed to the Immigration Commission."

Mr. McGee: "I would like to announce that Dr. Toye Moses was appointed to the Immigration Commission for what I believe is a four-year term. Congratulations go out to Dr. Moses for being appointed to this very important position. The Board of Supervisors appointed Dr. Moses."

Dr. Moses: "I shall continue to advocate for immigrants and mental health issues."

Mr. McGhee: "We will take a few minutes for Ms. Brown and Ms. Eichenbaum to introduce themselves."

Ms. Brown: "I've been a mental health advocate for seventeen years, and served on different grassroots mental health boards. I am the Eligibility Specialist for the Independent Living Resource Center. Independent Living Resource Center is a disability organization. Ninety percent of our staff are people with disabilities."

Ms. Brooke: "If you want to get an understanding of all the entitlements available to people with mental illness, find out when she is doing one of her presentations. She presents the material in such a clear manner."

Ms. Eichenbaum: "I am the Director of the Trans Project at the University of California San Francisco for Center for Aids Prevention Studies. I have a Masters in Social Welfare. I have worked as a social worker and psychotherapist for the past five years."

Four months ago I was hired at Walden House to create the first program for transgender people in residential drug treatment. We served about five hundred and fifty clients in that time. I'm looking forward to learning and having a voice here."

4.7 New Business

Mr. Casados: "I would like to bring it to the Executive Committee's attention that a special level of thanks should be drafted to tonight's presenters from the Youth Guidance Center."

Ms. Wright: "I think they should be invited again."

Mr. Douglas: "We might want to get someone from the dependency side, where they focus on the parents."

Mr. Keys: "By working on a local politician's campaign, I've become aware of some constituents diagnosed with mental health issues who pay ninety-eight percent of their Social Security check on rent. This leaves them with no money to live on. Is there any mental health funding available as supplementary rent aid to these people?"

Mr. McGhee: "I would like to have Ms. Brooke research this issue."

Mr. Casados: "I would suggest we look at the new Plaza Apartments that just opened up. They are subsidized by mental health. The rent is \$779.00 per month. Fifty percent of the Social Security goes to rent, and the city pays the rest."

Dr. Moses: "Put on next meeting's agenda the Retreat."

Ms. Wright: "San Francisco Housing Authority has subsidized housing, where the tenant pays a very small amount and San Francisco pays the rest."

4.8 Public comment relevant to Item 4.0

No public comment.

5.0 PUBLIC COMMENT

No public comment.

ADJOURNMENT:

There being no further business, the meeting was adjourned at 8:30 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, October 11, 2006

City Hall

One Carlton B. Goodlett Place

2nd Floor, Room 278

6:00 p.m.

PLEASE NOTE: THIS MEETING BEGINS AT 6:00 PM.

CALL TO ORDER

DOCUMENTS DEPT.

ROLL CALL

OCT - 2 2006

AGENDA CHANGES

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Item 1.0 PRESENTATION BY PRESIDENT AARON PESKIN, Board of Supervisors
For discussion.

1.1 Public comment relevant to Item 1.0

10-02-06 10:31 AM

Item 2.0 DIRECTORS REPORT

For discussion.

2.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

2.2 Public comment relevant to Item 2.0

Item 3.0 PRESENTATION: FOSTER CARE MENTAL HEALTH SERVICES: Steve Arcelona, Acting Deputy Director Family and Children's Services, SF Human Services Agency, Liz Crudo, Redesign Coordinator, SF Human Services Agency, Tom Maloney, LCSW, Foster Care Mental Health Director, CBHS, Denise Jones, Assistant Director of Child, Youth and Family System of Care, CBHS.

For discussion.

3.1 Presentation: Foster Care Mental Health Services

3.2 Board discussion of possible Board responses to the presentation.

3.3 Board discussion of future presentations and agenda items.

3.4 Public comment relevant to Item 3.0

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment relevant to Item 4.0

4.2 Proposed Resolutions

4.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of September 13, 2006 be approved as submitted.

4.2.b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends 12-Step Recovery Programs.

Item 5.0 REPORTS

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee. Discussion about Retreat, December 9, 2006. Request for recommendation for family member seat on the Board.

5.3 Program's Committee Report: Rebecca Turner, Ph.D.

5.4 Budget Committee Report: James McGhee

5.5 Report by members of the Board on their activities on behalf of the Board.

5.6 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.7 Public comment relevant to Item 5.0

Item 6.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

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4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

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The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

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Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine.htm

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

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UNADOPTED MINUTES

Mental health Board

Wednesday, October 11, 2006

City Hall, Room 278

San Francisco, CA 94102

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NOV - 6 2006

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BOARD MEMBERS PRESENT: Rebecca Turner, Ph.D. (Chair); James L. McGhee (Vice-Chair); Bridgett Brown; Bob Douglas, J.D.; Toye Moses, Ph.D., M.P.H.; Tom Purvis; Jagruti Shukla, M.D., M.P.H.; Kate Walker; Virginia Wright.

BOARD MEMBERS ABSENT: Benito Casados; Jeanna Eichenbaum, L.C.S.W.; John Kevin Hines; James Shaye Keys; Claudia Lebish; Lisa Williams.

OTHERS PRESENT: Emeric Kalman, Member of the Public; Brother Jefferson R. Johnson-Jeffrey-Reiken-Johnson Clergy Public Ministry (aka John Terrana Group), Member of the Public; Helynna Brooke (MHB Executive Director); Ayana Baltrip-Balagás (MHB Administrator)

CALL TO ORDER

The meeting was called to order at 6:05 p.m. by Rebecca Turner, Ph.D. (Chair)

ROLL CALL

Ms. Brooke read the roll.

1.0 PRESENTATION BY PRESIDENT AARON PESKIN, Board of Supervisors

Supervisor Peskin: "I'm the offspring of two mental health professionals. My father was a psychologist in private practice and taught at San Francisco State University for forty-two years. My mother taught at the School of Social Welfare at the University of California, Berkeley, and ran the Youth and Family Center in Berkeley.

I am also a former member of the Mental Health Board (MHB), and I am familiar with the high level of work done by Community Behavioral Health Services (CBHS) and MHB.

I'm looking at two-issues: Money and specific legislation needed that will allow for mental health services in communities where people are vulnerable or at risk; or where mental health has been stigmatized. I was involved with the Proposition 63 process.

The Mental Health Board is on the frontline of mental health issues and serves as an advisory agent to the Board of Supervisors (BOS). I want you to feel free to present these issues to my colleagues and me on the BOS.

If I don't hear from you about gaps in mental health services or other issues, I'm assuming MHB is doing its job. James McGhee comes by a couple times a week to keep me abreast of things.

What are your concerns?"

Mr. Purvis: "There were efforts by CBHS to see about getting more Proposition 63 money. What other efforts are being made?"

Supervisor Peskin: "San Francisco didn't fair well under Proposition 63. Dr. Cabaj tried to turn that around; but so far no luck."

Ms. Brown: "I will be meeting with Supervisor Maxwell concerning services for women. One area we are looking into is the Veteran Administration services for women returning from Iraq."

Supervisor Peskin: "The best way to use the Board of Supervisors is to have us send a letter to Assemblywoman Pelosi to build capacity for veterans."

Dr. Turner: "How much of a local issue is this? Maybe we can partner with the Veterans Administration."

Ms. Wright: "There are not enough programs for transitional youth."

Supervisor Peskin: "I commend the Mayor Newsom for focusing on this issue. City Build that comes out of the Office of Economic and Work Force Development is beginning to address the issues of training youth to be able to develop skills that will enable them to get employment. Chris Iglesias is the head of City Build."

Mr. Douglas: "I would like the Board of Supervisors to think about safe housing for the mentally ill with primary care. Sixty percent of those in primary care is dealing with psychosomatic illnesses."

Supervisor Peskin: "The Department of Health is the largest recipient of the San Francisco's \$5.2 billion budget, receiving \$1.1 billion. \$334 million of the General Fund goes to the health budget. This still is not enough money to meet the need we have.

We need to convince voters to be willing to pay some increase in taxes to cover these costs. We need to be able to tell those who don't need these services of their importance and how good a job we are doing. We can look at a real estate transfer tax, or a parking tax. San Francisco has a progressive real estate transfer tax:

.5%=\$1/2 million

.64%=\$1/2 million to \$1 million

.75%=>\$1 million

In Alameda, it's 1.64% for all brackets.

The Transamerica building sold twice in eighteen months, which brought us a nice windfall. I tried to raise this tax but was unsuccessful.

In California, only voters can raise taxes; while in other states city councils can do this. It takes fifty-one percent of New York City's City Council to pass a tax increase."

Ms. Wright: "What about illegal apartments? There are a large number of these in the city, and this causes a great problem with car clutter. Sometimes there are twelve to fifteen people living in these places and they all have cars. Maybe the city could require them to become legal, and generate income from this."

Mr. McGhee: "I want to thank you publicly for putting me on the Board. The Mental Health Board needs to be more of an impact on what affects mental health services. We need to raise the visibility of people who are providing services for the mentally ill."

Supervisor Peskin: "It is important to let the world know what is going on in mental health."

2.0 DIRECTORS REPORT

Monthly Director's Report

1. Awards. On September 30, 2006, Robert P. Cabaj, MD, Director of the Department of Public Health's Community Behavioral Health Services, was awarded the National Association of Lesbian and Gay Addiction Professionals Finnegan-McNally Founders Award for his support of the NALGAP mission to improve substance abuse prevention and treatment services for Lesbian, Gay, Bisexual and Transgender individuals continuously for over 25 years. Bob Cabaj was selected by the NALGAP Board as the second awardee in the organization's history--a group that was founded in 1979 by Dana Finnegan and Emily McNally for whom the award was named. Bob noted he was one of the earliest supporters of NALGAP and was honored to accept an award that emphasized the continuing need to address one of the greatest health problems facing LGBT people. In his acceptance speech, Bob noted the important work our own DPH CBHS is doing around LGBT substance abuse intervention and treatment, especially in addressing the methamphetamine epidemic in San Francisco.

2. **Great News From Sacramento – Mobile Methadone Bill (AB631) Signed by Governor.** On September 29th, legislation authored by Assembly member Mark Leno was signed into law by the Governor. The bill, AB631, which was supported by the San Francisco Department of Public Health and CBHS, changes regulations around methadone treatment to allow the utilization of methadone vans to provide comprehensive treatment services to opiate addicts. CBHS and SFGH OTOP have successfully operated a mobile methadone service as a state pilot program in Bayview and the Mission district for the past 3 years. More than 260 clients have received treatment from this program. The law becomes effective January 1st, 2007, allowing the San Francisco program to move from “pilot” status into status as a state recognized Narcotic Treatment program. Other areas in California will also be allowed to develop mobile methadone treatment programs, and MediCal clients will be unable to use this service.

Congratulations to all Van Program Staff!

3. **CBHS Exemplary Billing Practices.** San Francisco CBHS was cited for Exemplary Practice, in the Annual Report of APS Healthcare, for applying quality management practices to its billing procedures. APS Healthcare is the External Quality Review Organization for county mental health plans in California.

The APS citation lauds the CBHS Billing Unit, led by Maria Barteaux, for applying a quality management technique that compares SDMC claims data in context with historical and trend information, instead of only from month to month. The analysis allows for the examination of variations in claims totals by provider and by seasonality, as well as those due to changes in claim processing. This efficient and effective method of claims processing allows the CBHS Billing Unit to identify problems such as “locked out” services, to obtain feedback information about specific providers, to identify corrective action or adjustments needed, and to pinpoint areas for improvement. It has resulted in greater claim reimbursements and, more importantly, fewer claim denials.

Congratulations to Maria Barteaux and the staff of CBHS Billing Unit!

4. **California Brief Multicultural Competence Scale-Based Training Program**

Five County Pilot. San Francisco Community Behavioral Health Services has been chosen as one of five counties to participate in the California Brief Multicultural Competence Scale-Based Training Program (CBMCS) pilot training. Approximately 40 –50 San Francisco CBHS providers will be administered the CBMCS, a 21 item scale that assesses training needs in cultural competence. Providers will then complete four eight hour training modules on 1) Multicultural Knowledge; 2) Awareness of Cultural Barriers; 3) Sensitivity to consumers; and 4) Non Ethnic Abilities.

The CBMCS is an empirically-derived scale that was developed by academicians in partnership with the California Department of Mental Health and providers of county mental health departments. Its strengths are that the scale provides a tie in between assessment and training and is regarded as “real world”. Its appeal is that it is able to assess the cultural competence of providers and then be able to specifically target points of intervention for training.

While most of the five Counties chosen to pilot the CBMCS Training will utilize this training program to specifically target its MHSA programs, San Francisco CBHS will extend its program across all of its direct service programs. As part of the pilot, CNHS will contract with Master Trainers for the program and assist with team teaching.

5. **Organizational Provider Manual.** Community Behavioral Health Services has published the 5th edition of the Organizational Provider Manual. The manual includes a description of each operated and funded program as well as a catalogue of programs by service mode. It also includes an overview of CBHS mission, scope, selected policies, glossary and other helpful tools for organizational providers day to day operations. Providers may order this manual through the forms room. It can be found online at <http://www.sfdph.org/CBHS/docs/OrgProviderManual2006.pdf> . There are similar manuals for use by clients. These may also be ordered through our forms room.
6. **Mental Health Services Act (MHSA) Update.** CBHS contracts for MHSA services are moving forward, with some programs beginning to initiate services in October. The MHSA Advisory Board will have its bi-monthly meeting on November 2, 2006. Members of the public are welcome at all MHSA Advisory Board meetings. CBHS will be hiring Public Service Aides (job class 9924, as needed) to assist in the implementation of MHSA at CBHS. The positions are posted on the DPH website <http://www.dph.sf.ca.us/employmnt/genljobs.htm>. These positions are designed for consumers who have internship experience, and who are interested in employment at CBHS administration.
7. **CBHS Integration.** Integration materials are available for activities to be performed during the '06 – '07 fiscal year. CD's have been produced that contain the primary information necessary to complete integration tasks this year. CD's will be distributed to Executive Directors and Program Change Agents, but may also be obtained by contacting Kathleen Minioza or Lucy Arellano at CBHS. If you would like to receive the materials in a different format other than a CD (i.e., floppy disk) or by email, please contact Kathleen Minioza at 255-3585 or kathleen.minioza@sfdph.org.

An exciting development for integration is that the state has approved new MediCal codes for Substance Abuse Screening and Brief Intervention/ Referral for Treatment of Substance Abuse. These codes will become effective January 11, 2007. CBHS will provide additional information and training as January 1st approaches.

8. **Comings and Goings:**

Maria Iyog-O'Malley is our new MHSA Coordinator. Maria has been with CBHS for 5 years working with the substance abuse component as the Analyst for Prop 63, Drug Court, and grants awarded to the substance abuse unit. In her capacity as Analyst,

Maria worked in tandem with program managers to interpret legislation and make policy recommendations, developed budgets and analyzed expenditures, performed financial reviews of provider expenses, coordinated State audits and prepared State and federally required reports. Prior to working with the City, Maria served as the Program Administrator of the UCSF Collaborative Program for Women's Health in Zimbabwe, Africa. As MHSA Coordinator, Maria will coordinate the planning, coordination and implementation of State program and reporting with all MHSA collaborators including internal DPH units and outside providers and agencies.

Welcome Maria and congratulations on your new position!

9. Other Upcoming Events:

AMERICAN INDIAN CULTURAL EVENT – To kick off November's American Indian Heritage Month, the San Francisco Mayor's Office of Neighborhood Services and the Friendship House Association of American Indians, Inc. present the 2nd Annual **American Indian Cultural Event – November 2, 2006, 10:00am-4:00pm**, Joseph L. Alioto Performing Artz Piazza (Formerly Civic Center Plaza/across from City Hall). Celebrating the rich culture of the American Indian Community and bringing awareness to policies impacting the future of American Indian people. The event will include a symposium inside City Hall on health, substance abuse, and housing policies impacting American Indians. For more information, please call 415-865-0964 x 4017.

Past issues of the CBHS Monthly Director's Report are available at: <http://www.dph.sf.ca.us/CBHS/default.htm> To receive this Monthly Report via e-mail, please e-mail kathleen.minioza@sfdph.org

2.1 Directors Report: Board Discussion

Mr. Purvis: "On behalf of the National Alliance on Mental Illness (NAMI), thank you for helping us get an office free of charge at the Family Service Agency. It is at 1010 Gough Street near Ellis Street."

Dr. Moses: "Can address the diversity of your new staff?"

Dr. Cabaj: "The new hires are part of additional positions for the Mental Health Services Act (MHSA), and also replacements of people who left.

John Grimes is African American; Ernestina Carrillo is Latin American; Sidney Lam is Asian American, and Helaine Weinstein is Caucasian. Hannibal Lowry, the new Director of Family Mosaic is African American."

Dr. Moses: "Good job. We can't ask for more."

Mr. Douglas: "How about the disabled?"

Dr. Cabaj: "We are open to hiring the disabled, but we must rely on the pool of people who apply."

Mr. Douglas: "We will be honoring 12-Step programs. Is there any way CBHS can work with them?"

Dr. Cabaj: "We make active referrals, and are aware of the newest programs; but they don't want more of a connection with us because they are not actually treatment programs."

Dr Turner: "Where does integration of community programs and primary care providers stand?"

Dr. Cabaj: "Barbara Garcia has talked about a new partnering with substance abuse and primary care. We are also looking at partnering services geographically – Southeast Health Center with Bayview Mental Health for example

We need to look at incorporating disaster response. This would require more localized services."

Dr. Turner: "Do you have any more information about Proposition 63?"

Dr. Cabaj: "We had a Request for Proposal (RFP) for Clinical Services. Of the money listed in last month's report, fifty-one percent was supposed to go to Clinical Services and Support. The State said that a portion (thirty-five percent) must also be used for housing.

- Twelve percent went to administrative services.
- Thirty-five percent went to direct full service partnerships.
- Ten percent to housing for these programs.
- Five percent to Trauma and Violence, and recovery programs.

We're looking at increasing cultural competency around youth programs, as well as wellness programs at schools. Larkin Street received three percent for transitional youth support. Ten Percent (\$632K) went to supportive housing, and eleven percent (\$740K) peer-based centers.

Residential treatment programs like Walden House received one percent (\$80K) of the funds. Five percent (\$320K) went to developing more integration between mental health and primary care. Four percent (\$248K) went to expanding intensive case management. Vocational rehabilitation received two percent (\$100K). We'll get an additional \$200K from the State."

Dr. Moses: "Are there any residential programs in the Bayview?"

Dr. Cabaj: "I don't think so."

Dr. Shukla: "This list constitutes larger, more established agencies. How about smaller programs that may have innovative approaches?"

Dr. Cabaj: "The City can't actually encourage groups to apply. We didn't get new, innovative providers applying. Almost all who applied got funded. Most of who did not get funded were also well-established programs."

Mr. Purvis: "Did we get more than \$5 million?"

Dr. Cabaj: "We will get more, but we don't know when or how much."

Ms. Wright: "How much did the YMCA get?"

Dr. Cabaj: "\$120 thousand?"

2.2 Public comment relevant to Item 2.0

Dr. Turner: "Is there any public comment to Item 2.0?"

There was no public comment.

3.0 PRESENTATION:

FOSTER CARE MENTAL HEALTH SERVICES: Steve Arcelona, Acting Deputy Director Family and Children's Services, San Francisco Human Services Agency; Liz Crudo, Redesign Coordinator, San Francisco Human Services Agency; Tom Maloney, LCSW, Foster Care Mental Health Director, CBHS; Denise Jones, Ph.D, Assistant Director of Child, Youth and Family System of Care, CBHS.

3.1 Presentation

Mr. Arcelona: "My actual position is Chief of Staff, but I am right now Acting Director of Child Welfare. I know that Trent Rohrer spoke to the Mental Health Board in June about his vision for foster care.

We are in a period of redesign, looking at improving the program. We had three goals:

- Maintain children safely in their homes.
- Establish permanency and stability, and reduce the number of children in foster care.
- Once emancipated, provide stability.

When a child comes into the program, immediately referrals are made to partners in the community. We work with families, referring them to community services. We are also looking at using a standardized and structured assessment tool which will require the child welfare worker to respond to specific questions.

Team decision-making is part of the process. We attempt to bring everyone—schools, community-based organizations, and social workers together before making a placement. We're doing business differently than in the past, involving a team to support the child's needs.

There is a disproportionate number of African American youth in the system. We are hoping that our new strategies will help change this fact. We are seeing some improvement with the African American youth numbers in the system going down."

Ms. Crudo: "There are 2,395 open cases. This includes children at home with parents, as well as those in foster care. There were 1,937 in foster care as of January 1, 2006. One half of these children are placed with family members. A lot of the others are placed outside of the County. African Americans comprise seventy percent of the youth in foster care. African Americans make up only five percent of San Francisco's population.

Mental Health, Child Welfare, and Juvenile Probation share a common database. There are 1,064 cases shared by Mental Health and Child Welfare.

Youth with seven or more placements, or who are older often do not want therapy. I'm not referring to very young children. We need better early screening. We're hoping to see an increase in referrals, and getting more support to foster families.

Authorizations take about three weeks, but we try to get in as early as possible. Out of county placements make it very difficult to offer mental health services because of the difficulty in coordinating with the other counties. We feel it acutely here because so many of our children go out of county.

There is a problem getting or keeping therapists due to the low pay for many of these cases. Therapists need a diagnosis in order to draw supplemental MediCal payments. We also may need to train therapists to be aware of diagnoses of foster care children, like Post Traumatic Stress Disorder (PTSD). In addition, therapists need to be trained in dealing with the courts in many cases. For example, they need to know what reports to file in support of the foster care children. Many don't understand the procedures for filing these reports. Language issues can also be a challenge when navigating the system.

We have about twenty-five percent of children who return to foster care within one year, most of whom are very young. We need to strengthen after-care support programs. Mental Health is one aspect of this as many of the families have substance abuse issues. There also needs to be support for foster parents giving them tools they need, and support for foster care children's biological parents to assist with unification."

Dr. Jones: "In 1996, I became the first Director of Foster Care Mental Health, and began looking at setting up a collaborative framework between Human Services and our department. I am now the Program Monitor."

Mr. Maloney: "I have been the Program Director of Foster Care for the past year and a half. Dr. Jones built the program and hired the appropriate staff. At that time, child welfare workers had to seek out and find mental health providers for children. There was no mechanism for coordination between departments and programs. The Foster Care program was created in 1996 to improve coordination between departments.

The Human Services Agency (HSA) and CBHS looked at the lack of progress that was being made by the children, and made an effort to coordinate departments to give children access to services more efficiently. Dr. Jones set up meetings in the community with partner

organizations, programs, and stakeholder groups to determine the needs of foster care children. One issue talked about a lot was the need for a comprehensive evaluation of each child.

A pilot study looking at establishing collaboration between clinicians and child welfare workers was done. It determined there needed to be a 'Memorandum of Understanding.' We were able to get court consent for exchange of information on each child to better help child welfare workers look at the child's mental health needs. A comprehensive form was created. Adult services, family services and others could be included in the child's assessment of needs.

The manner in which children were referred was established. A needs-based program was set up where referrals are made based on the needs of a child as identified by the child welfare worker on the assessment form.

We wanted services to be provided without barriers, so we still covered these services whether or not they were covered by MediCal. The development of a mental health plan for San Francisco allowed us to broaden our pool of therapists, Licensed Clinical Social Workers (LCSW), social workers, etc. We were able to add these other professionals, thanks to supplemental funding to MediCal. We are able to pay professionals from forty dollars to sixty dollars, compared to MediCal's thirty two dollars and fifty cents. Those who accept five or more cases a year are paid sixty dollars a session. Multilingual specialists can get an additional twenty dollars bringing the fee to eighty dollars per session."

Dr. Jones: "In the beginning, we had a staff of four. With the help of HSA, we are now up to twenty. HSA pays for ten of these positions."

Mr. Maloney: "There are other avenues for children in foster care to access services. One of the positions is a court liaison that is there to deal with issues that arise here. There are three teams:

- Clinical team:

Six full-time staff, four social workers, one psychologist, one Masters in Family Therapy (MFT), and one court liaison.

The clinical team provides direct services: individual therapy, family therapy, and group therapy.

- MediCal team:

The team established to assess a child's needs will identify the most difficult issues facing this child and will get a referral for medication if needed.

- Authorization team:

Comprised of case managers, clinicians and psychologists. They do evaluations and reports for courts. They also review cases that are screened out and not going to a caseworker. These cases will often be referred to Mental Health.

Foster Care Mental Health will refer some of these cases to clinics and private providers. If needed, the team will authorize weekly or twice-weekly sessions for the child. These teams are located in different areas of San Francisco, like the Mission and the Bayview.

Foster Care Mental Health tries to oversee the quality of the services for the child. We provide testing for the child, and work directly with the adults in the child's life."

Dr. Jones: "When the program began, fifty-five percent of the children came from Bayview."

Dr. Turner: "Seventy percent of children in foster care are African American. Sixty percent of children in the Youth Guidance Center are African American. Are seventy percent of your providers African American?"

Mr. Maloney: "We probably have only five to six percent African American providers. There are thirty-eight Spanish-speaking providers, seven Cantonese-speaking, and one Tagalog-speaking provider. Only one or two providers are located in the Bayview."

Dr. Turner: "We need to recruit at the university level."

Dr. Jones: "We have some African American providers in the clinics. There was a very strong effort made to recruit African American professionals."

Dr. Moses: "These are alarming statistics. African Americans make up only five percent of San Francisco's population, something is wrong.

I am also concerned with the large number of children placed out of the County."

Ms. Crudo: "One half of the children are placed with relatives."

Dr. Moses: What about grandparents who are taking care of their grandchildren? What can you do to increase funding to support them?"

Mr. Maloney: "This is on my wish list to have financial support for grandparents. Many of the children we see are in multiple homes.

Families have divided loyalties. They want to help the child, but often the child causes real stress on the family. We believe helping connect the family with support services is very important. We also help foster parents."

Dr. Moses: "How can we create a solution to the revolving door issue?"

Mr. Maloney: "Often, foster families need help in working with these children. Child welfare workers need more training."

Dr. Shukla: "Your figures strike me as low. Even though early evaluations may be difficult, doesn't every child deserve a psychological treatment plan because they are at a higher level of risk?"

Mr. Maloney: "There is a need to screen every child, but not every child needs mental health services."

Ms. Crudo: "We need a more holistic approach as to how we are working with children."

Mr. Douglas: "I'm an attorney and used to practice in dependency court, and it seemed very adversarial."

Mr. Maloney: "Enhancing attachment and bonding with parents is one of our strong goals. Sometimes the relative or the foster parent doesn't encourage bonding because the child may reunify with the parent. We emphasize that an increase in bonding helps the child."

Dr. Turner: "Every child needs some form of treatment. There is an argument that could be made for this."

Mr. Maloney: "MediCal will not fund all treatments."

Dr. Turner: "There is a connection between foster care and children who later end up in prison. We need to give everyone preventative care."

Dr. Jones: "That was our initial goal, but we couldn't successfully implement a plan due to lack of resources. Integration is increasing the opportunity for more screening."

Dr. Turner: "What about Proposition 63?"

Dr. Jones: "Family Mosaic received Proposition 63 money. There is a plan to collaborate between Foster Care Mental Health and Family Mosaic."

Mr. Maloney: "We are making good progress with many children and families which is very rewarding. We do have some resources for out of county children working with counselors."

Ms. Wright: "What age do you screen children for substance abuse?"

Dr. Jones: "Six and over."

Mr. Maloney: "Our screening tool is designed for teens. We have a part-time person for Foster Care Mental Health integration looking at other programs and presenting to us ways to strengthen partnerships with substance abuse programs."

3.2 Board discussion of Possible Board responses to the presentation

Dr. Moses: "The statistics are alarming."

Dr. Turner: "Maybe people are turning down services because they are uncomfortable."

Dr. Moses: "Trent Rohrer talked about the same issues. Sophie Maxwell understands the grandparent situation, because she is taking care of her grandson; but when the money is handed out, it doesn't go to programs for helping grandparents. We need to encourage the department to request money for aid to grandparents."

Ms. Walker: "One thing that keeps coming up is that combining services is more efficient. Perhaps we can look for duplication of services being more costly."

Mr. Douglas: "There are three to four bills signed by the governor to improve the foster care system, but it is very complicated."

Mr. McGhee: "The Mental Health Board could draft a resolution to the Board of Supervisors. This is a mechanism we should be using."

Dr. Turner: "The African American communities need support. Many are leaving San Francisco, and those remaining are in a lot of pain."

Dr. Moses: "Years ago there was acupuncture in the Bayview."

Dr. Shukla: "Mental health services are those in need. I'm concerned about Mr. Maloney's statement that not all clients need mental health services."

Dr. Turner: "Maybe someone from the Disproportionatly Task Force could do a presentation to the Board."

Dr. Moses: "We should do a resolution or write a letter to the directors of the Department of Health and the Human Services Agency asking that they include in the next budget funding for a residential treatment program in the Bayview, and help for foster parents, and grandparents taking care of their grandchildren."

Dr. Shukla: "Maybe the Board could be a resource to connect people to apply for Requests for Proposals."

Dr. Moses: "There should be money for technical assistance to small non-profits."

Dr. Turner: "Is there any additional Proposition 63 money targeted for foster care?"

Mr. McGhee: "Outreach to the community is needed. The proposals are very intimidating. They want to limit the amount of people they give money to by looking at larger agencies to handle it."

3.3 Public comment relevant to Item 3.0

Mr. Kalman: "I couldn't hear thirty percent of the presentation. With each of the recent presentations, the issues discussed are always related to financing. The presenters should bring the costs of services to the meeting."

4.00 ACTION ITEMS

4.1 Public comment relevant to Item 4.0

There was no public comment.

4.2 Resolutions.

4.2a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of September 13, 2006 be approved as submitted.

Mr. McGhee: "On page nineteen in item 3.2a, my name is misspelled."

Minutes unanimously approved with correction.

4.2b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends 12-Step Recovery Programs.

Resolution unanimously approved.

5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board:

Ms. Brooke: "There is a conference titled, "Working to Erase Stigma" that is coming up. I have brought copies of the flyer, and will do a mailing.

I have also brought Mental Health Board note cards for you all to use."

5.2 Report of the Chair of the Board and the Executive Committee:

Dr. Turner: "The Mental Health Board Retreat is scheduled for December 9, 2006. Please email Retreat agenda items to Ms. Brooke.

There is a Family Member seat that is open. Let Ms. Brooke know about any people you feel are suitable candidates."

5.3 Program's Committee Report: Rebecca Turner, Ph.D.

Dr. Turner: "Mr. McGhee did a great job of getting everyone to sign up for the committees, and establishing a Planning Committee. Tom Purvis has agreed to chair the Planning Committee who will meet next Wednesday, October 18, 2006 at 2:00 p.m. at 1380 Howard Street."

5.4 Budget Committee Report: James McGhee

Mr. McGhee: "We need to look at what it will cost to fund the reception.

5.5 Report by members of the Board on their activities on behalf of the Board.

There were no reports.

5.6 New Business

Dr. Moses: "I think the Executive Committee should draft a commendation for Trent Rhorer.

We should invite Ed Lee, Chief Administrative Officer to present about language issues they encounter. I heard him recently speak, and he was quite good."

6.0 PUBLIC COMMENT

Brother Jefferson: "My group is developing a disaster preparedness program. We would like to encourage volunteers to work with us. We would like the City to consider creating a 'clearing house' where we could have our ideas put through to the Board of Supervisors for consideration."

ADJOURNMENT:

There being no further business, the meeting was adjourned at 9:00 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

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San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@igc.org
www.sfgov.org/mental_health

UNADOPTED MINUTES

Mental health Board

Wednesday, October 11, 2006

City Hall, Room 278

San Francisco, CA 94102

DOCUMENTS DEPT.

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BOARD MEMBERS PRESENT: Rebecca Turner, Ph.D. (Chair); James L. McGhee (Vice-Chair); Bridgett Brown; Bob Douglas, J.D.; Toye Moses, Ph.D., M.P.H.; Tom Purvis; Jagruti Shukla, M.D., M.P.H.; Kate Walker; Virginia Wright.

BOARD MEMBERS ABSENT: Benito Casados; Jeanna Eichenbaum, L.C.S.W.; John Kevin Hines; James Shaye Keys; Claudia Lebish; Lisa Williams.

OTHERS PRESENT: Emeric Kalman, Member of the Public; Brother Jefferson R. Johnson-Jeffrey-Reiken-Johnson Clergy Public Ministry (aka John Terrana Group), Member of the Public; Helynna Brooke (MHB Executive Director); Ayana Baltrip-Balagás (MHB Administrator)

CALL TO ORDER

The meeting was called to order at 6:05 p.m. by Rebecca Turner, Ph.D. (Chair)

ROLL CALL

Ms. Brooke read the roll.

1.0 PRESENTATION BY PRESIDENT AARON PESKIN, Board of Supervisors

Supervisor Peskin: "I'm the offspring of two mental health professionals. My father was a psychologist in private practice and taught at San Francisco State University for forty-two years. My mother taught at the School of Social Welfare at the University of California, Berkeley, and ran the Youth and Family Center in Berkeley.

I am also a former member of the Mental Health Board (MHB), and I am familiar with the high level of work done by Community Behavioral Health Services (CBHS) and MHB.

I'm looking at two-issues: Money and specific legislation needed that will allow for mental health services in communities where people are vulnerable or at risk; or where mental health has been stigmatized. I was involved with the Proposition 63 process.

The Mental Health Board is on the frontline of mental health issues and serves as an advisory agent to the Board of Supervisors (BOS). I want you to feel free to present these issues to my colleagues and me on the BOS.

If I don't hear from you about gaps in mental health services or other issues, I'm assuming MHB is doing its job. James McGhee comes by a couple times a week to keep me abreast of things.

What are your concerns?"

Mr. Purvis: "There were efforts by CBHS to see about getting more Proposition 63 money. What other efforts are being made?"

Supervisor Peskin: "San Francisco didn't fair well under Proposition 63. Dr. Cabaj tried to turn that around; but so far no luck."

Ms. Brown: "I will be meeting with Supervisor Maxwell concerning services for women. One area we are looking into is the Veteran Administration services for women returning from Iraq."

Supervisor Peskin: "The best way to use the Board of Supervisors is to have us send a letter to Assemblywoman Pelosi to build capacity for veterans."

Dr. Turner: "How much of a local issue is this? Maybe we can partner with the Veterans Administration."

Ms. Wright: "There are not enough programs for transitional youth."

Supervisor Peskin: "I commend the Mayor Newsom for focusing on this issue. City Build that comes out of the Office of Economic and Work Force Development is beginning to address the issues of training youth to be able to develop skills that will enable them to get employment. Chris Iglesias is the head of City Build."

Mr. Douglas: "I would like the Board of Supervisors to think about safe housing for the mentally ill with primary care. Sixty percent of those in primary care is dealing with psychosomatic illnesses."

Supervisor Peskin: "The Department of Health is the largest recipient of the San Francisco's \$5.2 billion budget, receiving \$1.1 billion. \$334 million of the General Fund goes to the health budget. This still is not enough money to meet the need we have.

We need to convince voters to be willing to pay some increase in taxes to cover these costs. We need to be able to tell those who don't need these services of their importance and how good a job we are doing. We can look at a real estate transfer tax, or a parking tax. San Francisco has a progressive real estate transfer tax:

.5%=\$1/2 million

.64%=\$1/2 million to \$1 million

.75%=>\$1 million

In Alameda, it's 1.64% for all brackets.

The Transamerica building sold twice in eighteen months, which brought us a nice windfall. I tried to raise this tax but was unsuccessful.

In California, only voters can raise taxes; while in other states city councils can do this. It takes fifty-one percent of New York City's City Council to pass a tax increase."

Ms. Wright: "What about illegal apartments? There are a large number of these in the city, and this causes a great problem with car clutter. Sometimes there are twelve to fifteen people living in these places and they all have cars. Maybe the city could require them to become legal, and generate income from this."

Mr. McGhee: "I want to thank you publicly for putting me on the Board. The Mental Health Board needs to be more of an impact on what affects mental health services. We need to raise the visibility of people who are providing services for the mentally ill."

Supervisor Peskin: "It is important to let the world know what is going on in mental health."

2.0 DIRECTORS REPORT

Monthly Director's Report

1. **Awards.** On September 30, 2006, Robert P. Cabaj, MD, Director of the Department of Public Health's Community Behavioral Health Services, was awarded the National Association of Lesbian and Gay Addiction Professionals Finnegan-McNally Founders Award for his support of the NALGAP mission to improve substance abuse prevention and treatment services for Lesbian, Gay, Bisexual and Transgender individuals continuously for over 25 years. Bob Cabaj was selected by the NALGAP Board as the second awardee in the organization's history--a group that was founded in 1979 by Dana Finnegan and Emily McNally for whom the award was named. Bob noted he was one of the earliest supporters of NALGAP and was honored to accept an award that emphasized the continuing need to address one of the greatest health problems facing LGBT people. In his acceptance speech, Bob noted the important work our own DPH CBHS is doing around LGBT substance abuse intervention and treatment, especially in addressing the methamphetamine epidemic in San Francisco.

2. **Great News From Sacramento – Mobile Methadone Bill (AB631) Signed by Governor.** On September 29th, legislation authored by Assembly member Mark Leno was signed into law by the Governor. The bill, AB631, which was supported by the San Francisco Department of Public Health and CBHS, changes regulations around methadone treatment to allow the utilization of methadone vans to provide comprehensive treatment services to opiate addicts. CBHS and SFGH OTOP have successfully operated a mobile methadone service as a state pilot program in Bayview and the Mission district for the past 3 years. More than 260 clients have received treatment from this program. The law becomes effective January 1st, 2007, allowing the San Francisco program to move from “pilot” status into status as a state recognized Narcotic Treatment program. Other areas in California will also be allowed to develop mobile methadone treatment programs, and MediCal clients will be unable to use this service.

Congratulations to all Van Program Staff!

3. **CBHS Exemplary Billing Practices.** San Francisco CBHS was cited for Exemplary Practice, in the Annual Report of APS Healthcare, for applying quality management practices to its billing procedures. APS Healthcare is the External Quality Review Organization for county mental health plans in California.

The APS citation lauds the CBHS Billing Unit, led by Maria Barteaux, for applying a quality management technique that compares SDMC claims data in context with historical and trend information, instead of only from month to month. The analysis allows for the examination of variations in claims totals by provider and by seasonality, as well as those due to changes in claim processing. This efficient and effective method of claims processing allows the CBHS Billing Unit to identify problems such as “locked out” services, to obtain feedback information about specific providers, to identify corrective action or adjustments needed, and to pinpoint areas for improvement. It has resulted in greater claim reimbursements and, more importantly, fewer claim denials.

Congratulations to Maria Barteaux and the staff of CBHS Billing Unit!

4. **California Brief Multicultural Competence Scale-Based Training Program**

Five County Pilot. San Francisco Community Behavioral Health Services has been chosen as one of five counties to participate in the California Brief Multicultural Competence Scale-Based Training Program (CBMCS) pilot training. Approximately 40 –50 San Francisco CBHS providers will be administered the CBMCS, a 21 item scale that assesses training needs in cultural competence. Providers will then complete four eight hour training modules on 1) Multicultural Knowledge; 2) Awareness of Cultural Barriers; 3) Sensitivity to consumers; and 4) Non Ethnic Abilities.

The CBMCS is an empirically-derived scale that was developed by academicians in partnership with the California Department of Mental Health and providers of county mental health departments. Its strengths are that the scale provides a tie in between assessment and training and is regarded as “real world”. Its appeal is that it is able to assess the cultural competence of providers and then be able to specifically target points of intervention for training.

While most of the five Counties chosen to pilot the CBMCS Training will utilize this training program to specifically target its MHSA programs, San Francisco CBHS will extend its program across all of its direct service programs. As part of the pilot, CNHS will contract with Master Trainers for the program and assist with team teaching.

5. **Organizational Provider Manual.** Community Behavioral Health Services has published the 5th edition of the Organizational Provider Manual. The manual includes a description of each operated and funded program as well as a catalogue of programs by service mode. It also includes an overview of CBHS mission, scope, selected policies, glossary and other helpful tools for organizational providers day to day operations. Providers may order this manual through the forms room. It can be found online at <http://www.sfdph.org/CBHS/docs/OrgProviderManual2006.pdf> . There are similar manuals for use by clients. These may also be ordered through our forms room.
6. **Mental Health Services Act (MHSA) Update.** CBHS contracts for MHSA services are moving forward, with some programs beginning to initiate services in October. The MHSA Advisory Board will have its bi-monthly meeting on November 2, 2006. Members of the public are welcome at all MHSA Advisory Board meetings. CBHS will be hiring Public Service Aides (job class 9924, as needed) to assist in the implementation of MHSA at CBHS. The positions are posted on the DPH website <http://www.dph.sf.ca.us/employmnt/genljobs.htm>. These positions are designed for consumers who have internship experience, and who are interested in employment at CBHS administration.
7. **CBHS Integration.** Integration materials are available for activities to be performed during the '06 – '07 fiscal year. CD's have been produced that contain the primary information necessary to complete integration tasks this year. CD's will be distributed to Executive Directors and Program Change Agents, but may also be obtained by contacting Kathleen Minioza or Lucy Arellano at CBHS. If you would like to receive the materials in a different format other than a CD (i.e., floppy disk) or by email, please contact Kathleen Minioza at 255-3585 or kathleen.minioza@sfdph.org.

An exciting development for integration is that the state has approved new MediCal codes for Substance Abuse Screening and Brief Intervention/ Referral for Treatment of Substance Abuse. These codes will become effective January 11, 2007. CBHS will provide additional information and training as January 1st approaches.

8. **Comings and Goings:**

Maria Iyog-O'Malley is our new MHSA Coordinator. Maria has been with CBHS for 5 years working with the substance abuse component as the Analyst for Prop 63, Drug Court, and grants awarded to the substance abuse unit. In her capacity as Analyst,

Maria worked in tandem with program managers to interpret legislation and make policy recommendations, developed budgets and analyzed expenditures, performed financial reviews of provider expenses, coordinated State audits and prepared State and federally required reports. Prior to working with the City, Maria served as the Program Administrator of the UCSF Collaborative Program for Women's Health in Zimbabwe, Africa. As MHSA Coordinator, Maria will coordinate the planning, coordination and implementation of State program and reporting with all MHSA collaborators including internal DPH units and outside providers and agencies.

Welcome Maria and congratulations on your new position!

9. Other Upcoming Events:

AMERICAN INDIAN CULTURAL EVENT – To kick off November's American Indian Heritage Month, the San Francisco Mayor's Office of Neighborhood Services and the Friendship House Association of American Indians, Inc. present the 2nd Annual **American Indian Cultural Event – November 2, 2006, 10:00am-4:00pm**, Joseph L. Alioto Performing Arts Piazza (Formerly Civic Center Plaza/across from City Hall). Celebrating the rich culture of the American Indian Community and bringing awareness to policies impacting the future of American Indian people. The event will include a symposium inside City Hall on health, substance abuse, and housing policies impacting American Indians. For more information, please call 415-865-0964 x 4017.

Past issues of the CBHS Monthly Director's Report are available at: <http://www.dph.sf.ca.us/CBHS/default.htm> To receive this Monthly Report via e-mail, please e-mail kathleen.minioza@sfdph.org

2.1 Directors Report: Board Discussion

Mr. Purvis: "On behalf of the National Alliance on Mental Illness (NAMI), thank you for helping us get an office free of charge at the Family Service Agency. It is at 1010 Gough Street near Ellis Street."

Dr. Moses: "Can address the diversity of your new staff?"

Dr. Cabaj: "The new hires are part of additional positions for the Mental Health Services Act (MHSA), and also replacements of people who left."

John Grimes is African American; Ernestina Carrillo is Latin American; Sidney Lam is Asian American, and Helaine Weinstein is Caucasian. Hannibal Lowry, the new Director of Family Mosaic is African American."

Dr. Moses: "Good job. We can't ask for more."

Mr. Douglas: "How about the disabled?"

Dr. Cabaj: "We are open to hiring the disabled, but we must rely on the pool of people who apply."

Mr. Douglas: "We will be honoring 12-Step programs. Is there any way CBHS can work with them?"

Dr. Cabaj: "We make active referrals, and are aware of the newest programs; but they don't want more of a connection with us because they are not actually treatment programs."

Dr. Turner: "Where does integration of community programs and primary care providers stand?"

Dr. Cabaj: "Barbara Garcia has talked about a new partnering with substance abuse and primary care. We are also looking at partnering services geographically – Southeast Health Center with Bayview Mental Health for example

We need to look at incorporating disaster response. This would require more localized services."

Dr. Turner: "Do you have any more information about Proposition 63?"

Dr. Cabaj: "We had a Request for Proposal (RFP) for Clinical Services. Of the money listed in last month's report, fifty-one percent was supposed to go to Clinical Services and Support. The State said that a portion (thirty-five percent) must also be used for housing.

- Twelve percent went to administrative services.
- Thirty-five percent went to direct full service partnerships.
- Ten percent to housing for these programs.
- Five percent to Trauma and Violence, and recovery programs.

We're looking at increasing cultural competency around youth programs, as well as wellness programs at schools. Larkin Street received three percent for transitional youth support. Ten Percent (\$632K) went to supportive housing, and eleven percent (\$740K) peer-based centers.

Residential treatment programs like Walden House received one percent (\$80K) of the funds. Five percent (\$320K) went to developing more integration between mental health and primary care. Four percent (\$248K) went to expanding intensive case management. Vocational rehabilitation received two percent (\$100K). We'll get an additional \$200K from the State."

Dr. Moses: "Are there any residential programs in the Bayview?"

Dr. Cabaj: "I don't think so."

Dr. Shukla: "This list constitutes larger, more established agencies. How about smaller programs that may have innovative approaches?"

Dr. Cabaj: "The City can't actually encourage groups to apply. We didn't get new, innovative providers applying. Almost all who applied got funded. Most of who did not get funded were also well-established programs."

Mr. Purvis: "Did we get more than \$5 million?"

Dr. Cabaj: "We will get more, but we don't know when or how much."

Ms. Wright: "How much did the YMCA get?"

Dr. Cabaj: "\$120 thousand?"

2.2 Public comment relevant to Item 2.0

Dr. Turner: "Is there any public comment to Item 2.0?"

There was no public comment.

3.0 PRESENTATION:

FOSTER CARE MENTAL HEALTH SERVICES: Steve Arcelona, Acting Deputy Director Family and Children's Services, San Francisco Human Services Agency; Liz Crudo, Redesign Coordinator, San Francisco Human Services Agency; Tom Maloney, LCSW, Foster Care Mental Health Director, CBHS; Denise Jones, Ph.D, Assistant Director of Child, Youth and Family System of Care, CBHS.

3.1 Presentation

Mr. Arcelona: "My actual position is Chief of Staff, but I am right now Acting Director of Child Welfare. I know that Trent Rohrer spoke to the Mental Health Board in June about his vision for foster care.

We are in a period of redesign, looking at improving the program. We had three goals:

- Maintain children safely in their homes.
- Establish permanency and stability, and reduce the number of children in foster care.
- Once emancipated, provide stability.

When a child comes into the program, immediately referrals are made to partners in the community. We work with families, referring them to community services. We are also looking at using a standardized and structured assessment tool which will require the child welfare worker to respond to specific questions.

Team decision-making is part of the process. We attempt to bring everyone—schools, community-based organizations, and social workers together before making a placement. We're doing business differently than in the past, involving a team to support the child's needs.

There is a disproportionate number of African American youth in the system. We are hoping that our new strategies will help change this fact. We are seeing some improvement with the African American youth numbers in the system going down."

Ms. Crudo: "There are 2,395 open cases. This includes children at home with parents, as well as those in foster care. There were 1,937 in foster care as of January 1, 2006. One half of these children are placed with family members. A lot of the others are placed outside of the County. African Americans comprise seventy percent of the youth in foster care. African Americans make up only five percent of San Francisco's population.

Mental Health, Child Welfare, and Juvenile Probation share a common database. There are 1,064 cases shared by Mental Health and Child Welfare.

Youth with seven or more placements, or who are older often do not want therapy. I'm not referring to very young children. We need better early screening. We're hoping to see an increase in referrals, and getting more support to foster families.

Authorizations take about three weeks, but we try to get in as early as possible. Out of county placements make it very difficult to offer mental health services because of the difficulty in coordinating with the other counties. We feel it acutely here because so many of our children go out of county.

There is a problem getting or keeping therapists due to the low pay for many of these cases. Therapists need a diagnosis in order to draw supplemental MediCal payments. We also may need to train therapists to be aware of diagnoses of foster care children, like Post Traumatic Stress Disorder (PTSD). In addition, therapists need to be trained in dealing with the courts in many cases. For example, they need to know what reports to file in support of the foster care children. Many don't understand the procedures for filing these reports. Language issues can also be a challenge when navigating the system.

We have about twenty-five percent of children who return to foster care within one year, most of whom are very young. We need to strengthen after-care support programs. Mental Health is one aspect of this as many of the families have substance abuse issues. There also needs to be support for foster parents giving them tools they need, and support for foster care children's biological parents to assist with unification."

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A pilot study looking at establishing collaboration between clinicians and child welfare workers was done. It determined there needed to be a 'Memorandum of Understanding.' We were able to get court consent for exchange of information on each child to better help child welfare workers look at the child's mental health needs. A comprehensive form was created. Adult services, family services and others could be included in the child's assessment of needs.

The manner in which children were referred was established. A needs-based program was set up where referrals are made based on the needs of a child as identified by the child welfare worker on the assessment form.

We wanted services to be provided without barriers, so we still covered these services whether or not they were covered by MediCal. The development of a mental health plan for San Francisco allowed us to broaden our pool of therapists, Licensed Clinical Social Workers (LCSW), social workers, etc. We were able to add these other professionals, thanks to supplemental funding to MediCal. We are able to pay professionals from forty dollars to sixty dollars, compared to MediCal's thirty two dollars and fifty cents. Those who accept five or more cases a year are paid sixty dollars a session. Multilingual specialists can get an additional twenty dollars bringing the fee to eighty dollars per session."

Dr. Jones: "In the beginning, we had a staff of four. With the help of HSA, we are now up to twenty. HSA pays for ten of these positions."

Mr. Maloney: "There are other avenues for children in foster care to access services. One of the positions is a court liaison that is there to deal with issues that arise here. There are three teams:

- Clinical team:

Six full-time staff, four social workers, one psychologist, one Masters in Family Therapy (MFT), and one court liaison.

The clinical team provides direct services: individual therapy, family therapy, and group therapy.

- MediCal team:

The team established to assess a child's needs will identify the most difficult issues facing this child and will get a referral for medication if needed.

- Authorization team:

Comprised of case managers, clinicians and psychologists. They do evaluations and reports for courts. They also review cases that are screened out and not going to a caseworker. These cases will often be referred to Mental Health.

Foster Care Mental Health will refer some of these cases to clinics and private providers. If needed, the team will authorize weekly or twice-weekly sessions for the child. These teams are located in different areas of San Francisco, like the Mission and the Bayview.

Foster Care Mental Health tries to oversee the quality of the services for the child. We provide testing for the child, and work directly with the adults in the child's life."

Dr. Jones: "When the program began, fifty-five percent of the children came from Bayview."

Dr. Turner: "Seventy percent of children in foster care are African American. Sixty percent of children in the Youth Guidance Center are African American. Are seventy percent of your providers African American?"

Mr. Maloney: "We probably have only five to six percent African American providers. There are thirty-eight Spanish-speaking providers, seven Cantonese-speaking, and one Tagalog-speaking provider. Only one or two providers are located in the Bayview."

Dr. Turner: "We need to recruit at the university level."

Dr. Jones: "We have some African American providers in the clinics. There was a very strong effort made to recruit African American professionals."

Dr. Moses: "These are alarming statistics. African Americans make up only five percent of San Francisco's population, something is wrong.

I am also concerned with the large number of children placed out of the County."

Ms. Crudo: "One half of the children are placed with relatives."

Dr. Moses: What about grandparents who are taking care of their grandchildren? What can you do to increase funding to support them?"

Mr. Maloney: "This is on my wish list to have financial support for grandparents. Many of the children we see are in multiple homes.

Families have divided loyalties. They want to help the child, but often the child causes real stress on the family. We believe helping connect the family with support services is very important. We also help foster parents."

Dr. Moses: "How can we create a solution to the revolving door issue?"

Mr. Maloney: "Often, foster families need help in working with these children. Child welfare workers need more training."

Dr. Shukla: "Your figures strike me as low. Even though early evaluations may be difficult, doesn't every child deserve a psychological treatment plan because they are at a higher level of risk?"

Mr. Maloney: "There is a need to screen every child, but not every child needs mental health services."

Ms. Crudo: "We need a more holistic approach as to how we are working with children."

Mr. Douglas: "I'm an attorney and used to practice in dependency court, and it seemed very adversarial."

Mr. Maloney: "Enhancing attachment and bonding with parents is one of our strong goals. Sometimes the relative or the foster parent doesn't encourage bonding because the child may reunify with the parent. We emphasize that an increase in bonding helps the child."

Dr. Turner: "Every child needs some form of treatment. There is an argument that could be made for this."

Mr. Maloney: "MediCal will not fund all treatments."

Dr. Turner: "There is a connection between foster care and children who later end up in prison. We need to give everyone preventative care."

Dr. Jones: "That was our initial goal, but we couldn't successfully implement a plan due to lack of resources. Integration is increasing the opportunity for more screening."

Dr. Turner: "What about Proposition 63?"

Dr. Jones: "Family Mosaic received Proposition 63 money. There is a plan to collaborate between Foster Care Mental Health and Family Mosaic."

Mr. Maloney: "We are making good progress with many children and families which is very rewarding. We do have some resources for out of county children working with counselors."

Ms. Wright: "What age do you screen children for substance abuse?"

Dr. Jones: "Six and over."

Mr. Maloney: "Our screening tool is designed for teens. We have a part-time person for Foster Care Mental Health integration looking at other programs and presenting to us ways to strengthen partnerships with substance abuse programs."

3.2 Board discussion of Possible Board responses to the presentation

Dr. Moses: "The statistics are alarming."

Dr. Turner: "Maybe people are turning down services because they are uncomfortable."

Dr. Moses: "Trent Rohrer talked about the same issues. Sophie Maxwell understands the grandparent situation, because she is taking care of her grandson; but when the money is handed out, it doesn't go to programs for helping grandparents. We need to encourage the department to request money for aid to grandparents."

Ms. Walker: "One thing that keeps coming up is that combining services is more efficient. Perhaps we can look for duplication of services being more costly."

Mr. Douglas: "There are three to four bills signed by the governor to improve the foster care system, but it is very complicated."

Mr. McGhee: "The Mental Health Board could draft a resolution to the Board of Supervisors. This is a mechanism we should be using."

Dr. Turner: "The African American communities need support. Many are leaving San Francisco, and those remaining are in a lot of pain."

Dr. Moses: "Years ago there was acupuncture in the Bayview."

Dr. Shukla: "Mental health services are those in need. I'm concerned about Mr. Maloney's statement that not all clients need mental health services."

Dr. Turner: "Maybe someone from the Disproportionately Task Force could do a presentation to the Board."

Dr. Moses: "We should do a resolution or write a letter to the directors of the Department of Health and the Human Services Agency asking that they include in the next budget funding for a residential treatment program in the Bayview, and help for foster parents, and grandparents taking care of their grandchildren."

Dr. Shukla: "Maybe the Board could be a resource to connect people to apply for Requests for Proposals."

Dr. Moses: "There should be money for technical assistance to small non-profits."

Dr. Turner: "Is there any additional Proposition 63 money targeted for foster care?"

Mr. McGhee: "Outreach to the community is needed. The proposals are very intimidating. They want to limit the amount of people they give money to by looking at larger agencies to handle it."

3.3 Public comment relevant to Item 3.0

Mr. Kalman: "I couldn't hear thirty percent of the presentation. With each of the recent presentations, the issues discussed are always related to financing. The presenters should bring the costs of services to the meeting."

4.00 ACTION ITEMS

4.1 Public comment relevant to Item 4.0

There was no public comment.

4.2 Resolutions.

4.2a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of September 13, 2006 be approved as submitted.

Mr. McGhee: "On page nineteen in item 3.2a, my name is misspelled."

Minutes unanimously approved with correction.

4.2b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends 12-Step Recovery Programs.

Resolution unanimously approved.

5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board:

Ms. Brooke: "There is a conference titled, "Working to Erase Stigma" that is coming up. I have brought copies of the flyer, and will do a mailing.

I have also brought Mental Health Board note cards for you all to use."

5.2 Report of the Chair of the Board and the Executive Committee:

Dr. Turner: "The Mental Health Board Retreat is scheduled for December 9, 2006. Please email Retreat agenda items to Ms. Brooke.

There is a Family Member seat that is open. Let Ms. Brooke know about any people you feel are suitable candidates."

5.3 Program's Committee Report: Rebecca Turner, Ph.D.

Dr. Turner: "Mr. McGhee did a great job of getting everyone to sign up for the committees, and establishing a Planning Committee. Tom Purvis has agreed to chair the Planning Committee who will meet next Wednesday, October 18, 2006 at 2:00 p.m. at 1380 Howard Street."

5.4 Budget Committee Report: James McGhee

Mr. McGhee: "We need to look at what it will cost to fund the reception.

5.5 Report by members of the Board on their activities on behalf of the Board.

There were no reports.

5.6 New Business

Dr. Moses: "I think the Executive Committee should draft a commendation for Trent Rhorer.

We should invite Ed Lee, Chief Administrative Officer to present about language issues they encounter. I heard him recently speak, and he was quite good."

6.0 PUBLIC COMMENT

Brother Jefferson: "My group is developing a disaster preparedness program. We would like to encourage volunteers to work with us. We would like the City to consider creating a 'clearing house' where we could have our ideas put through to the Board of Supervisors for consideration."

ADJOURNMENT:

There being no further business, the meeting was adjourned at 9:00 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, November 8, 2006

City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 p.m.

CALL TO ORDER

DOCUMENTS DEPT.

ROLL CALL

NOV - 6 2006

AGENDA CHANGES

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Item 1.0 PRESENTATION BY TOMAS LEE, 311 PROGRAM

For discussion.

11-06-06A09:17 RCVD

1.1 Public comment relevant to Item 1.0

Item 2.0 DIRECTORS REPORT

For discussion.

2.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

2.2 Public comment relevant to Item 2.0

Item 3.0 PRESENTATION: DISPROPORTIONALITY PROJECT: Robin L. Love, MA, Family Preservation and Support Program Coordinator

For discussion.

3.1 Presentation: Disproportionality Project: "Reducing Disproportionality and Disparate Outcomes for African American Children in the child welfare system".

3.2 Board discussion of possible Board responses to the presentation.

3.3 Board discussion of future presentations and agenda items.

3.4 Public comment relevant to Item 3.0

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment relevant to Item 4.0

4.2 Proposed Resolutions

4.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of October 11, 2006 be approved as submitted.

Item 5.0 REPORTS

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee. Discussion about Retreat, December 9, 2006. Request for recommendation for family member seat on the Board.

5.3 Program's Committee Report: Rebecca Turner, Ph.D.

5.3a Planning Committee Task Force Report: Tom Purvis

5.4 Budget Committee Report: James McGhee

5.5 Report by members of the Board on their activities on behalf of the Board.

5.6 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.7 Public comment relevant to Item 5.0

Item 6.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
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The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine.htm

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics.



SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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UNADOPTED MINUTES

Mental health Board

Wednesday, November 8, 2006

City Hall, Room 278

San Francisco, CA 94102

DOCUMENTS DEPT.

DEC - 4 2006

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BOARD MEMBERS PRESENT: Rebecca Turner, Ph.D. (Chair); James Shaye Keys (Secretary); Bridgett Brown; Benito Casados; Bob Douglas, Esq; Claudia Lebish; Toye Moses, Ph.D., M.P.H; Tom Purvis; Jagruti Shukla, M.D., M.P.H; Lisa Williams; Virginia Wright.

BOARD MEMBERS ABSENT: James L. McGhee (Vice-Chair); Jeanna Eichenbaum, L.C.S.W; Kate Walker.

BOARD MEMBERS ON LEAVE: John Kevin Hines; Supervisor Fiona Ma.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Bridgett Striker (CVE); Emeric Kalman, Member of the Public; Theresa Flynn, Member of the Public.

CALL TO ORDER

The meeting was called to order at 6:35 p.m. by Rebecca Turner, Ph.D. (Chair)

ROLL CALL

Ms. Brooke read the roll.

1.0 PRESENTATION BY TOMAS LEE, 311 PROGRAM

Mr. Lee: "311 is a toll-free number that will be operating twenty-four hours a day, seven days a week, three hundred and sixty-five days of the year. There will always be a live person answering the calls. We will have a capability of a one hundred and forty-five languages. There will be disability access in terms of a 'TTY' or 'TTD' line.

All calls will be given a tracking number and it will ultimately reduce 911 calls.

The project started in 1999 when then Supervisor Newsom went to Chicago and noticed a 311-phone system in use there by the City Council. When he returned to San Francisco, he proposed setting up a similar system here.

In March of 2002 through a formal Board of Supervisors resolution, the Department of Communication and Emergency Services conducted a white paper study of the issue. A legislative analysis report was done in October of 2002. The project was given the go-ahead by a formal Board of Supervisors resolution in October of 2003. In 2004, consultants were brought in to conduct a more formal research and analysis of this issue. This part was kicked off in July of 2005. Construction was complete in 2006.

Why do we need 311? City and County of San Francisco gets an average of seven million phone calls per year. According to studies by cities like Chicago, Minneapolis, and Baltimore, cities should be getting an average on 1.5 phone calls per citizen. With a population of around 800,000, San Francisco should not be getting more than 1.5 million phone calls per year, but we are getting seven million phone calls. This means that citizens, businesses, and visitors are calling an average of five times to get basic services.

In terms of the experience for city employees, a caller may be shuffled from voicemail to voicemail the first time. The second time the citizen may be shuffled from department to department. The third time they are peeved. By the fourth time, the caller may vent, and by the fifth time the caller may be abusive, not making the city employee sympathetic to their situation.

We have two things going on: citizens have stereotypes of city employees being arrogant and unsupportive, and city employees have stereotypes of citizens as being extremely demanding and never taking self-help steps such as reading the website, etc. In addition, the way employees record information from citizens using Word and Excel documents is not conducive to providing a productive customer service environment.

It is very difficult for a person with mental health issues to get the culturally relevant services they may need; especially if they don't speak English. Small businesses also face difficulty navigating the city system. They need to have easy access to answers dealing with acquiring business licenses and permits.

Visitors also need to have easy access to acquire help on filing a police report, or other services. If they do not have a good experience, they are not going to come back. Hence, we need to improve our customer service environment.

The way we are going to do that is through this vision that San Francisco citizens, businesses, and visitors have the right to have outstanding service from the city government; to add to that, culturally relevant as well as industry appropriate.

So how are we going to change this particular business environment today? Here is the goal, the business objectives that are driving this particular 311 set up. All the point 300 and 2400 numbers will be collapsed into two: 311 for non-emergency services, and 911 for emergencies. The original reason 311 was created in the early '90s in other cities was that the number of phone calls to 911 that were non-emergency in nature was around seventy percent. This caused for a delay of fifteen or twenty seconds for actual emergency calls. This is critical. For San Francisco, the number of non-emergency calls to 911 counted for about fifty percent. 1993 was the year federal legislation was enacted that allowed municipalities to create their own 311 systems.

Using the two-number system, people will find the process much easier for all. 311 will be accessible to a landline, cell line, and a payphone. 311 will go through from a payphone just the same as 911. 311 systems have been critical to stabilization in disaster relief cases like Katrina.

The function of 311 will be to answer these basic questions: What does the department do? Where do I get mental health services? What are your hours of operation? They will not only get a live person, but will get transferred to the appropriate place, instead of shuffling them around to five or six different ones.

The technology is state-of-the-art, and is called Customer Relationship Management. When the system is up and running, every time a person calls about a problem, they are given an account number that be easily tracked for complete follow through with the issue. Departments will be able to get hard data regarding the call as well.

IAC is our director. Kevin Dyers will be handling the day-to-day operations. We will have forty new operators starting in December. Nancy Ofaro, is our deputy director. She will be responsible for making sure that all the information from the sixty departments and fifty commissions are accurate and up to date. I am doing most of the marketing and community outreach tasks.

We are located at One South Van Ness Avenue, and got up and running in September. We are set up so that disabled folks can work there. We will have a soft launch in January 2007, with the public launch being on March 11, 2007."

Mr. Purvis: "What background are you looking for in employees and what are some of the specifics for training?"

Mr. Lee: "It's a very basic entry-level position. Six months of customer service background and some knowledge of the City and County. We have forty positions and thirteen hundred applicants."

Mr. Casados: "Did they set up a ratio for hiring the disabled?"

Mr. Lee: "I don't know the particular details concerning this."

Dr. Moses: "Have you addressed the language aspect?"

Mr. Lee: "Yes, there are going to be six languages with English being the main one. The others are Spanish, Russian, Vietnamese, and Tagalog. Anything outside of these languages will be contracted out to AT&T's language lab. We will be able to handle calls simultaneously in the different languages. The translation will be able to happen quickly."

Mr. Keys: "What about callers experiencing mental health distress? Are your operators going to be trained enough to handle a situation like that?"

Mr. Lee: "We will have the Department of Health come in and train our operators, and we will ask your help if needed. We are negotiating with 211's Help Link line to provide service with community based organizations. If the call is for City and County, we will transfer those call to the appropriate department."

2.0 DIRECTORS REPORT

Monthly Director's Report

1. **New CBHS Client-Level Outcomes Objectives.** Are our clients' lives improving? We know first hand that CBHS services are helpful, and it's important to be able to show this. Over a period of two months early this year, CBHS completed a planning process to come up with a set of client-level outcomes to be tracked, and aspired for, by our substance abuse and mental health treatment programs. Because of the limitation of data currently collected for billing purposes in InSyst, the goal is modest for this first year of expanded client outcomes tracking in CBHS. Client outcome objectives have now been set for CBHS providers in two essential domains: reduction in symptoms, and improvement in functioning. The following are specific examples of these new client performance objectives now included in our 06-07 CBHS provider contracts:

- 35% of clients who have been served for three months or more will have met or partially *met their treatment goals* at discharge (applicable to mental health programs);
- At least 40% of discharged clients will *successfully complete treatment* as measured by BIS discharge codes, or will have left before completion with satisfactory progress as measured by BIS data codes (for substance abuse programs).
- 40% of clients who reported substance use at intake will have *reductions in alcohol and/or substance abuse* (within the past 30 days) compared to the level reported in their prior administration of CalOMS (applicable to substance abuse programs);
- 35% of clients who are homeless at intake *will be in a stable living situation* or an appropriate residential treatment facility at discharge (for all CBHS programs);
- 5% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, who are open in the program as of July 1, 2006, *will have SSI applications submitted* by July 30, 2007 (for adult outpatient mental health programs).
- 55% of child/youth clients will remain stable or *improve their functioning at school* from intake to the most recent measurement of the CAFAS (for CYF outpatient mental health programs).

The new CalOMS (substance abuse) and CSI (mental health) client information system, which have just been implemented by California counties, will allow for even better client-outcomes tracking in 07-08. Additionally, the Mental Health Services Act's quarterly and key-event client tracking for Full-Service Partnership clients will also provide us significant experience in implementing client outcomes objectives. These initial lessons will all prove useful as CBHS implements in the future an Electronic Health Record (with configuration for client performance objectives).

2. **OTOP.** The Opiate Treatment Outpatient Program (OTOP), located on the San Francisco General Hospital Medical Campus, completed a two day CARF accreditation visit on October 20th. This will be OTOP's third accreditation from CARF. Surveyors thoroughly reviewed programmatic and administrative domains meeting with OTOP staff and patients.

At the exit interview, CARF surveyors had only four recommendations for all twenty domains surveyed! In what the surveyors described as an unusual step, they gave OTOP an "exemplary" rating in two areas. The first recognized area was the creation of an enhanced network for integrated care including psychiatric services, medical care, case management and prenatal services. They reported that they had not seen another narcotic treatment program with this level of comprehensive and coordinated care. OTOP was also given an exemplary rating for working collaboratively with city, state, and federal agencies to pioneer innovative programs to enhance services and increase access to treatment (particularly through the Mobile Methadone Van program and the Office Based Opiate Treatment (OBOT) program).

OTOP staff are very proud of its program, and it is wonderful to have it recognized for excellence in this way. They share this success with their patients and with their supporting agencies including San Francisco General Hospital, Community Behavioral Health Services, and UCSF.

3. **Mental Health Services Act (MHSA) Update.** The deadline for application for the CBHS Public Service Aide (9924 job classification) consumer positions as MHSA Implementation Specialists has been extended to November 17th. Consumers who are interested in Behavioral Health Administration, Planning and Implementation of the MHSA are strongly encouraged to apply. Programs receiving MHSA funding will also be hiring consumers to help provide services. Available positions will be posted in upcoming editions of this report.
4. **CBHS Integration.** Zialogic conducted an Integration consultation and training visit with CBHS on October 12-13. New and existing program Change Agents participated in a 6 hour orientation and training at Friendship House. "Charter Member" Change Agents have developed orientation materials, and are providing support and advice to at least 30 new change agents to facilitate the process of integration. Strategies for

Compass completion and action plan development are among the most frequently asked topic. Prevention programs met with Ziallogic to discuss tailoring the Compass to reflect prevention program issues. Ken Minkov has provided CBHS with a new trial version of the Compass for prevention programs which is available by contacting Lucy Arellano at CBHS (415-255-3687).

A program checklist and support materials for integration activities for FY 06-07 was distributed on CDs at a meeting of executive directors on October 13th. Drs. Bob Cabaj and Chris Cline gave updates on CBHS Integration progress, and Charter Change Agents shared their expertise at this event. Thanks to Change Agents Jeff Schoenfeld, Jennifer Baity Carlin, Nat Jordan, Larry Nelson, Bonnie Schwartz, Manuel Mena and Gladys Soto for their honesty and enthusiasm!

In September and October, the following Programs and Change Agents were honored for their work by CBHS. *Congratulations!*

- Mark Walden, Children's SOC
- Tom Maloney, Children's SOC
- Jennifer Baity Carlin, SF Behavioral Health Center, SFGH
- Bonnie Fluke, Progress Foundation

5. **Comings and Goings:**

Roselyn Womack is the new Clinical Supervisor for the Gun Violence Crisis Response Team. Roselyn has a M.S. degree in Counseling/Mental Health. She previously worked as a Program Therapist for Brothers Against Guns, Safe Haven, Girls 2000, and the Childrens Health Council at Stanford. We are delighted that she is joining us, and look forward to the leadership and clinical expertise she will bring to the team.

I would also like to thank Stephanie Felder for serving as the Interim Clinical Supervisor for the Crisis Response Team since March. We appreciate her hard work and dedication as she was doing double duties during this temporary re-assignment. She will now be able to focus more on her other work at Comprehensive Child Crisis Services.

Welcome Roselyn and Thank You Stephanie!

6. **Other Upcoming Events:**

Co-occurring Disorders in an Integrated Behavioral Health System, Part I & II with Patt Denning, Ph.D. and Jeannie Little, LCSW – November 16th at Friendship House, December 15th at St. Mary's Cathedral Conference Center. This training will first highlight the historical dilemmas of providing treatment to people with co-occurring disorders. It will then move to the details of understanding this population and their needs, with special emphasis on the principles of engagement, integration, and the use of harm reduction as both

philosophy and strategy. To register, contact Norman Aleman, CBHS Training Coordinator at 415-255-3553 or email norman.aleman@sfdph.org

Safe Workplace Violence Prevention with Mike Arraj, RN – December 8th at the Phillip Burton Federal Building. This training will examine primarily the staff's emotional preparation for work, strategies for staff self-control, and the emotions that staff can anticipate working with difficult clients. The training will also discuss the body's physiologic response to stress and how this response can interfere with an accurate assessment during heated moments. To register, contact Norman Aleman, CBHS Training Coordinator at 415-255-3553 or email norman.aleman@sfdph.org

5150 Training with Kevin McGirr – December 20th, Friendship House, 8:30am-1pm. This is an orientation to Community Behavioral Health Services. All Mental Health ADULT Services staff who wish to initiate the 5150 process for clients must complete this training once every 5 years. This training is being offered to all acute, subacute, residential and outpatient **mental health** service staff and certifies staff to utilize the 5150 privilege. This training is also directed **toward those who are interested in becoming designated trainers for their own program**. This training will cover basic administrative issues related to the 5150 application as well as core skills and competencies. Designated trainers must be one of the following mental health professionals: MD, RN, LCSW, MFT or licensed PhDs. Waivered or registered interns will ALSO qualify as designated trainers. To register, contact Norman Aleman, CBHS Training Coordinator at 415-255-3553 or email norman.aleman@sfdph.org

Past issues of the CBHS Monthly Director's Report are available at: <http://www.dph.sf.ca.us/CBHS/default.htm> To receive this Monthly Report via e-mail, please e-mail kathleen.minioza@sfdph.org

2.1 Directors Report: Board Discussion

Dr. Turner: "When should the Annual Update be done? We are trying to project ahead about funding."

Dr. Cabaj: "Hopefully within the next month. There are two phases: one you will have to help us plan the annual report of what we have done. Then, if they want to amend the plan, we will have to work closely with you on that as well. You will be an instrumental part of that. Thirdly, when new monies are ever released for the public categories, there are some that require Mental Health Board input. Again, I don't know the exact dates. We have heard funding for prevention may not occur before 07/08 or 08/09 fiscal. These funds are already sitting there, but have not been released."

Mr. Purvis: "Will that be over and above the \$5.5 million we have now?"

Dr. Cabaj: "Yes, that's additional. All of these added categories should be at least \$5.3 million or more. They're still working on a formula as to how to distribute the funds to us?"

Dr. Turner: "I'm sure the Mental Health Board will be rallying around foster care issues in some form."

Dr. Cabaj: "We will be using the Mental Health Board to propose use of the funding."

Mr. Douglas: "I was appointed to the State Mental Health Planning Council. At the meeting we talked about an executive order from the governor to take money from Proposition 63 for housing. I was wondering how you were going to implement that order."

Dr. Cabaj: "Congratulations on your appointment. I was glad that we have another voice for San Francisco. The governor is working closely with Daryl Steinberg who was the co-author of the Mental Health Services Act. They've called for \$75 million for a housing bond that will grow over time to \$2 billion.

They claim it will not reduce any of the money to clinical services, but again they haven't given us the details. All the mental health directors are very concerned about that. Nor have they decided who will get the money. Will San Francisco be considered, or how much per county? Will there be a fixed amount? Or will the funding be determined by need? Will it be for new housing, rentals, buying properties? All of this is very much in the air. The details are still not out. We have been assured that this will not cut down on clinical service dollars. We have already put housing money as a part of our clinical service dollars. We all know you cannot provide to behavioral health care without housing. This will be additional housing to address the issue of homelessness across the state."

Dr. Moses: "I hope you read our last minutes because in our last presentation we had several department heads talking about their programs. We also asked them to include funding for residential care. So, please consider this as well."

Dr. Cabaj: "I read all the minutes, and find them extremely helpful."

Dr. Cabaj: "Bill McConnell is our point person for 311 for Behavioral Health. He would be a good person to come and speak about this."

Mr. Casados: "Is 311 going to include Mobile Crisis?"

Dr. Cabaj: "They will have the capacity to transfer the call to either our access team, Mobile Crisis, or Suicide Prevention depending on the time of day."

2.2 Public comment relevant to Item 2.0

Dr. Turner: "Is there any public comment to Item 2.0?"

There was no public comment.

3.0 PRESENTATION:

PRESENTATION: DISPROPORTIONALITY PROJECT: Robin L. Love, MA, Family Preservation and Support Program Coordinator.

3.1 Presentation

Ms. Love: "We look at disproportionality two ways in San Francisco: one, the number of children that come into care as compared to the total population of the city. We also look at the situation families are in.

So when we look at the issue of disproportionality and the work the Human Services Agency is doing, it's really those two factors. What's going on with African-American families that may be contributing to disproportionality, and the high numbers of kids that come into care based on the total numbers of the population.

African-Americans made up about eleven percent of the population according to the 2000 Census. That actual number is about eight percent now; and they make up seventy-one percent of children in care. We have been looking at our data over time, and realized that it was time to look at this issue. We wanted to do a research study where we worked in partnership with researchers from Cal State Hayward and U.C. Berkeley.

We wanted not only look at the quantitative data but what was also going on behind the data. What are some of the anecdotal aspects that may be contributing to the issue? In addition, we wanted to raise awareness and garner support for this work. When we look at disproportionality, we find that it's structural, individual, and/or institutional racism that are driving some of the reasons African-American children are bouncing in and out of foster care, the juvenile justice system, and also our mental health system. When we speak of it in these terms, can you imagine the challenge it brings because it speaks to people's values and how they perceive themselves; how they perceive the world around them. So we know it's not only important to garner support, but also have a representative body that helps guide the conversation, who helps shape our information so that when we came out with our findings and recommendations it would be reflective of a diverse group of individuals who bring their own perspectives to the table with this issue. So these were our three primary goals for doing this project:

- Conduct a research study to investigate the reasons for disproportionality.
- Assemble a representative task force to develop recommendations that San Francisco can carry out.
- Gain strong public support for implementation of the recommendations.

Beginning in 2003, one of our workgroup leaders found in her own files two other reports that San Francisco had done: one in the 80's and one in the late 70's. We were actually surprised that disproportionality in San Francisco has been an issue for decades."

Dr. Turner: "Is this same level of disproportionality seen in other cities?"

Ms. Love: "San Francisco has the highest disproportionality issue of all the counties in the state. It's alarming. The three largest populations that are the most disproportionate are African-Americans, Latinos, and Native Americans. Native Americans are really disproportionate due to their small numbers in the population. This is part of what this project is doing, rethinking where we have previously been.

Our process was about eight months. It was a partnership of several agencies and organizations that wanted to look at this issue. Youth Law Center who does a lot of advocacy work for youth in foster care was a partner. The Stewart Foundation and the Payton Foundation were partners in the project. The Payton Foundation has led the movement for change in the child welfare system. Interfaith Family Resource Center was also a partner, and again, Cal State Hayward and U.C. Berkeley.

We had a project manager, focus groups, discussions, and did research. Dr. Benjamin Bowser met with child welfare workers, and managers of staff. We met with parents, fathers in particular; because the issue was how to get them more connected with the family. We did a lot work with community stakeholders.

It was a rich process that we were involved with. Supervisor Maxwell helped spearhead the process and keep the momentum going as well other program managers and representatives from different departments.

At the end of that process we created a written report that contains not only the data at the time and the stories behind that data, but also our findings and recommendations. This report is on our website.

When we think about disproportionality, one of the things we did a lot of thinking about was what is causing it. I mentioned earlier about the institutional and individual racism, but there are other causes that were mentioned as well. There are national reports, but we wanted to focus on San Francisco, since it is so unique. We have to look at the issue in the context that people are experiencing the situations here."

Ms. Lebish: "In looking at this material, I see that child abuse and other violence are not listed."

Ms. Love: "Eighty-two percent of the families we looked at are on some sort of caretaker aid. Domestic violence is not the primary reason to remove a child."

Mr. Casados: "What about the mental damage a child may suffer if they are not physically abused?"

Ms. Love: "The mental state is taken into account, but we do look at whether the child can survive and do the parents have a plan. Safe Start was started to look at witnessing violence and how we prevent it and care for the children.

A large number of kids who perpetrated violence, or are a victim of violence are known in our system or mental health's system. We can't raise children in foster care."

Mr. Casados: "I'm not saying remove them permanently, but remove them from the danger until the parents can be helped."

Ms. Love: "Removing the child is not always the best situation. In my case, I grew up witnessing domestic violence, and I have a Master's degree and I am now working with children and families. I don't think this would have happened if I had been removed from my home by Child Protective Services. There are cultural beliefs that exist with which we are struggling. There are no easy answers."

Mr. Douglas: "It is important not to underestimate the importance of parents even if they seem pretty awful."

Ms. Love: "The courts play a vital role and are concerned as well. We have different tools now that help. There is a more informed vision around these issues."

Mr. Casados: "How many families and consumers were involved in the process?"

Ms. Love: "A large number. We worked with a community-based organization that works with family preservation programs. We talked with fathers and learned their perspectives. Child Protective Services rarely places children with their fathers, or their father's parents. There is a real disparity in the treatment of fathers and mothers."

Dr. Shukla: "What is it in these causes that is so specific to San Francisco?"

Ms. Love: "We can't isolate all the specific areas. We believe that many factors are responsible: flight of families, generational impact of not having fair opportunities, impact of the school system, bad neighborhoods. This constant state of living in a state of crisis for years creates this chronic marginality of people living on the periphery. We are more likely to dislike these people because of these factors. Our system is designed to look only at certain populations. Our research shows that no ethnic group abuses their children more than any other."

Dr. Turner: "Why is San Francisco more effected by this issue?"

Ms. Love: "It might be felt more acutely in San Francisco because there is so much wealth, so much political power involved. African-Americans and Latinos are feeling disenfranchised, and think that they are being pushed out on purpose. It's not family friendly. San Francisco has the lowest child population in the nation.

There are two to three thousand highly vulnerable families in Potrero Hill, Bayview, and Visitation Valley."

Ms. Wright: "There are single parents who are struggling to bring up their children, especially those without much education."

Ms. Love: "San Francisco has the habit of having job training but no jobs after."

Mr. Purvis: "Native Americans, Hispanics, and Chinese during the Gold Rush faced severe racism."

Ms. Love: "African-Americans made it in San Francisco in spite of racism. Youth need to understand the historical resilience of African-Americans and others."

Dr. Moses: "Thank you for continuing with this struggle. I just returned from Boston where I attended the American Public Health Conference. There we talked about the issue of grandparents taking care of their grandchildren. At our last Board meeting, we heard about the migration of African-Americans from San Francisco. What about support for grandparents who are taking care of their grandchildren that have been placed in foster care?"

Ms. Love: "There is state legislation that has changed how we can fund relative caregivers. It's called Kin Gap. Relative caregivers get the same rate of pay as foster parents. We are meeting with the city attorney to implement this program. I am also working on more preventative measures and more funding in this area."

There is a sense of fatalism among many African-Americans. Parents assume if Child Protective Services is coming by, they are going to take the children. Parents also talked about using the foster care to help get services.

We get five thousand calls and investigate three thousand of them. We know where our children are."

Dr. Shukla: "Mental health issues can be part of the problem; can you be more specific on this matter?"

Ms. Love: "Parents suffer from depression, anxiety, substance abuse, Post Traumatic Syndrome. Many of them do not know how to talk about these issues."

Dr. Shukla: "Do you get the impression that there are a lot of widespread mental health issues like low-level depression that may be contributing to the problem?"

Ms. Love: "We are encouraging weekly case reviews using a team structure. We are also trying to standardize responses from child welfare workers. What is happening with this child? Child welfare has a lot of power. You can go to the San Francisco Families page and see the statistics."

Given the economic challenges faced by these families, what you have left are a lot of families with a lot of needs and issues. In the past we had civic and community support mechanisms. We don't have that kind of support anymore; particularly African-American communities don't have this kind of support. There are no resources allocated to these communities."

One thing we found in our research is that the majority of our kids reside within a certain seven mile radius. We found that our kids come from five neighborhoods and these particular street corners:

- Middle Point Road and West Point (Bay View public housing)
- Griffith and Oakdale (Alice Griffith public housing)
- Sunnydale and Santos (Sunnydale public housing)
- Laguna and Golden Gate (Western Addition public housing)
- Eddy and Jones (SRO's homeless family services)
- Connecticut and 25th Street (Potrero Hill public housing)
- Fitzgerald and Griffith (Double Rock public housing)

The population numbers of African-American children are going down. There were about thirty-eight percent in 2005, and forty-two percent in 2004. There are other ethnic groups that face similar issues, but they fair better in the system. The system looks at us (African-Americans differently. That is where we looked at issues of racism, classism, etc.

Fifty percent of the children that come into the system are African-Americans. Latinos make up twenty-six percent and don't stay in the system. African-Americans are more likely to grow up in the foster care system.

We are also looking at lesbian, gay, transgender disproportionality, and putting children in homophobic homes. There is a high suicide rate amongst these children."

In 1999, under the direction of Bill Bettencourt, we made a big push to address these issues. The population of children in care dropped because he created intervention at first crisis. More services agencies partnered together."

Today, caseloads are dropping because fewer kids are in San Francisco. We also have more caseworkers, which means caseloads are reducing. We are fully staffed for the first time in a very long time. We can look at expectations around caseworkers workloads and procedures. Hopefully, this will lead to stronger case management.

We are also looking at the issue of re-entry. African-Americans re-enter the system in larger numbers. The children are often kept until they reach adulthood."

Mr. Casados: "What about abuses that arise in the system?"

Ms. Love: "We are looking at this. Because there are so few foster homes in San Francisco, we do see some issues. We don't know what the real numbers are.

I will be happy to come back."

3.2 Board discussion of Possible Board responses to the presentation

Mr. Purvis: "Is there danger of the agency reducing the staff due to the drop in the workloads. This is a real concern."

Dr. Turner: "You're right. I worry about that. What role do we play to try to prevent that from happening?"

Mr. Purvis: "Perhaps a resolution stating that the case loads should be smaller, but that the staff should not be reduced."

Mr. Casados: "I would like to have her back in January."

Mr. Douglas: "It might be good to develop a resolution to work with them."

3.3 Public comment relevant to Item 3.0

No public comment.

4.00 ACTION ITEMS

4.1 Public comment relevant to Item 4.0

There was no public comment.

4.2 Resolutions.

4.2a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of October 11, 2006 be approved as submitted.

Minutes approved unanimously.

5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board:

Ms. Brooke: "I am passing out the Mental Health Board proposed brochure/newsletter. Please read it at your leisure and give us feedback. Your opinion is really valuable."

I have included an event in your packet that is coming up that supports alcoholism and drug addiction prevention and support services.

I have also included the job description mentioned by Dr. Cabaj is also included. In addition, I want to call to your attention to a free lunch seminar on recovery on December 6, and I am pleased to say that we have a Coro intern Fellow who will help support the work of the Board and the Board's Planning Committee. Our intern is from the Coro

Foundation, which has a year-long program where they place Coro Fellows with government and non-profit agencies. We have Peter Castle, who will be with us Monday, November 13th through December 7th. They also have to complete a project for the non-profit; so he will meet with you at the next Planning Committee meeting. Here is his biography:

"Peter seeks to use his educational background to address issues of inequity, individual and communal rights, and advocate on behalf of traditionally marginalized people. Peter used his legal skills at the Mental Health Advocacy Project where he worked on housing and economic rights and advocated for HIV positive clients at AIDS Legal Services. These experiences contributed to his goal to work for positive change for the common good. Peter hopes to focus his efforts within the nonprofit sector."

This Friday, November 10th, Hospitality House is having an art show with art for sale.

One other thing, we have Ayana's students who will be designing the Mental Health Board's website as a project. Ayana will be overseeing this project. This website will connect to our City site. We need to think about how we want to use the site."

Mr. Keys: "Don't we just have a link on the City website?"

Ms. Brooke: "We have our agendas and minutes, and members' biographies, Mission Statement, and history on the City site."

Mr. Keys: "Don't you know you can shape it the way you want?"

Ms. Brooke: "Shaping it is quite entailed. Our site will be more directed to our goals, and more conversational."

Mr. Keys: "More user friendly. Fantastic."

5.2 Report of the Chair of the Board and the Executive Committee:

Dr. Turner: "Dr. Moses suggested that we make a commendation for Trent Rhorer. I will put this on the agenda for the November 16th Executive Committee meeting.

Please give us feedback on the Retreat agenda. It's similar to how we started out last year with us looking at what we have accomplished on our goals. James Keys will do the icebreaker. We asked Mr. Casados and Ms. Williams to collaborate on the foster care resolution, and hopefully Mr. McGhee and Mr. Purvis will lead us on the healthy workplace project. It will be happening again at the Nikko Hotel.

There will be a proposed change in bylaws concerning attendance for the next Board meeting. We are finding that the requirement for attendance is very stringent for consumers and family members, and we want to have discussion and a vote on this.

Last, I've drafted a letter to the Board of Supervisors concerning disproportionality as was suggested at the last meeting. I want everyone to review it and offer any feedback you have. Please email it to Ms. Brooke.

I met with Judge Mary Morgan of the Behavioral Health Court and talked about ways we could be helpful to them. When I followed up with her, she informed me that she would no

longer be on the Behavioral Health Court. It looks as if the support is moving away from the Court. There will be a new judge. This was a surprise to Judge Morgan."

5.3 Program's Committee Report: Rebecca Turner, Ph.D.

No report.

5.3a Planning Committee Report: Tom Purvis

"We talked about recognizing good work places. I want to focus on small businesses. We need to work out the details. We have a lot to look at to develop the criteria.

Areas we are looking at are:

1. How the companies demand and inspire the best of their employees
2. How they provide a pleasant work environment.
3. The companies sense of purpose.

We hope to have more to present by the retreat."

5.4 Budget Committee Report: James McGhee

No report.

5.5 Report by members of the Board on their activities on behalf of the Board.

Ms. Wright: "The Native American Conference was very interesting. I was surprised to see the issues that were discussed concerning the struggles the communities have to deal with. They have very interesting ways they use nature in the medicine."

Mr. Casados: "I am the Board's Proposition 63 representative, and went to the Task Force meeting. I was elected as co-chair of Proposition 63 with Dr. Cabaj. I will send out a list of who got what funding. I suggested to Dr. Cabaj that the job opening for the peer job be extending to November 17th."

5.6 New Business

Mr. Douglas: "I wonder if the Board could look into finding out how applications are being handled for the ten thousand new housing units."

6.0 PUBLIC COMMENT

No public comment.

ADJOURNMENT:

There being no further business, the meeting was adjourned at 8:38 p.m.



SAN FRANCISCO MENTAL HEALTH BOARD

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mhb@mentalhealthboardsf.org
www.sfgov.org/mental_health

Mental Health Board Annual Retreat

Saturday, December 9, 2006
Nikko Hotel
222 Mason Street
Bayview Room, 25th Floor

AGENDA

- 1.0 Board Accomplishments
 - 1.1 Public Comment
- 2.0 Getting to Know You Icebreaker
 - 2.1 Public Comment
- 3.0 Goals Brainstorming for 2008
 - 3.1 Public Comment
- 4.0 Planning for 2008
 - 4.1 Public Comment
- 5.0 Planning the May Event
 - Re-appointment procedures
 - Ad Hoc Committee on Golden Gate Bridge Rail
 - Ad Hoc Committee to look at contract and RFP process
 - Resolution Drafting:
 - Services in the Southeast Sector
 - Golden Gate Bridge Barrier
 - Women and Girl's Services
 - 5.1 Public Comment
- 6.0 Adjourn

DOCUMENTS DEPT

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No final votes will be taken on any action items at the Retreat. All issues arising at the Retreat which require a vote of the Board will be placed on the agenda for the regular meeting of the Board on January 10, 2007. For further information, please call the office at 415-255-3474.

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
2. The Retreat is held at the Nikko Hotel, 222 Mason Street, Bayview Room, 25th Floor, San Francisco. The closest accessible BART station is the Powell Street station, at the intersection of Powell and Market Streets. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
3. Special Hearings are held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
3. The Nikko is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible.
4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place

San Francisco, CA 94102-4689

Telephone: (415)554-7724

Fax: 4(15) 554-5163

E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine.htm**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics.



SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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MENTAL HEALTH BOARD Retreat Notes

Saturday, December 9, 2006
Hotel Nikko
222 Mason Street
San Francisco
9 a.m. – 4 p. m.

DOCUMENTS DEPT.

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BOARD MEMBERS PRESENT: Rebecca Turner, Ph.D. (Chair); James L. McGhee (Vice-Chair); James Shaye Keys (Secretary); Benito Casados; Bob Douglas, Esq; Jeanna Eichenbaum, L.C.S.W; John Kevin Hines; Claudia Lebish; Tom Purvis; Jagruti Shukla, M.D., M.P.H; Kate Walker; Lisa Williams; Virginia Wright.

BOARD MEMBERS ABSENT: Bridgett Brown; Toye Moses, Ph.D., M.P.H.

BOARD MEMBERS ON LEAVE: Supervisor Fiona Ma.

OTHERS PRESENT: Dr. Robert Cabaj (Director of Community Behavioral Health Services); Helynna Brooke (MHB Executive Director); Ayana Baltrip-Balagas (MHB Administrator).

MEETING NOTES

CALL TO ORDER

The meeting was called to order at 9:03 a.m. by Rebecca Turner, Ph.D. (Chair)

ROLL CALL

AGENDA CHANGES

No changes were made.

WELCOME AND INTRODUCTIONS

ICEBREAKER

1.0 ACCOMPLISHMENTS OF THE BOARD

1.1 News from Board Members:

Good morning and welcome. As a board we have accomplished quite a lot over this past year.

We are getting nearer to achieving commission status. We need to go the City Attorney with an ordinance from the Board of Supervisors.

Is there any other news from Board members?

Kevin Hines: I met with Kevin Martin about doing a presentation to a group of police officers who are struggling with handling people who are suicidal.

Tom Purvis: I will be Executive Director of NAMISF starting January 2007.

Bob Douglas: I have been appointed to the California Mental Health Planning Board.

Kevin Hines: The movie *The Bridge* is having great success.

Benito Casados: The Mental Health Services Act has received an additional \$2.5 million.

1.2 Powerpoint presentation by Becky Turner with discussion by the full Board:

I'd like to highlight the Board's accomplishments over the last year.

Slides Outline:

Accomplishments of the Mental Health Board 2006

Presentations to the Board

- Supervisor Sophie Maxwell:
Violence in the Bayview
- Jacob Moody:
Family Mosaic Program
- Supervisor Chris Daly
- San Francisco Sunshine Policy
- San Francisco Sunshine Policy
- Trent Rhorer, HSA: Foster Care
- Jo Robinson: Jail Psychiatric Services
and Teresa Caffese: Public Defender's Office
- Dennis Doyle, Dr. Pierre Marie-Rose
and Roban San Miguel:
Youth Guidance Center

- President Aaron Peskin
- Steve Arcelona, and Liz Crudo HSA and Tom Maloney, and Denise Jones, CBHS: Foster Care Mental Health

Commendations by the Board

- Commendation for Stan Lipsitz, PhD
- Commendation for 12-Step Programs and the Alano Club

Resolutions by the Board

- Violence and the mental health consequences
- Budget Resolution

Supervisors attending the Board Meetings

- Supervisor Maxwell in January:
Violence in the Bayview and foster care
- Supervisor Dufty in February:
Health care coverage, crystal meth, and barrier for the bridge
- Supervisor Daly in April:
Street-based drop-in center on 6th street
- Supervisor Ma in September:
Foster care and juvenile issues
- President Aaron Peskin

Supervisors board members met with in the past year

- Bevan Dufty: Rebecca Turner: to discuss becoming a commission
- Aaron Peskin: James McGhee: to discuss moving board meetings to City Hall and to obtain additional funding for MHB staffing
- Fiona Ma: James McGhee and Lisa Williams: Mobile Crisis, foster care, assistance with our May event

Individual Board Members Activities on Behalf of the Board

- Kate Walker, Toye Moses, James McGhee, Benito Casados, James Keys, Bob Douglas, Idell Wilson, and Lisa Williams attended the Regional Mental Health Board training
- Kate Walker, Toye Moses, James McGhee, Benito Casados and Lisa Williams attended the Regional Mental Health Board training
- James McGhee was elected to the California Association of Local Mental Health Boards for the Northern California Region
- James Keys attended a program at a 6th and Howard facility and gave a talk on how to advocate to the MHB
- James McGhee attended the CALMHB meeting
- Tom Purvis, Bob Douglas, Kevin Hines, Bridgett Brown and Benito Casados were panelists for Police Crisis Intervention Trainings
- Kate Walker was a role player for all four Police Crisis Intervention Trainings
- James Keys, James McGhee, Virginia Wright and Bob Douglas attended RFP training for Mental Health Services Act funding
- Tom Purvis and Virginia Wright served on RFP panels
- Tom Purvis attended the NAMI San Francisco conference
- Benito Casados was selected to serve on the Mental Health Services Act Advisory Committee as Co-Chair with Dr. Cabaj
- Bob Douglas was appointed to the California Mental Health Planning Board
- Dr. Toye Moses was appointed to the Immigration Commission
- Kevin Hines was interviewed in the movie, "The Bridge", and has worked to advocate for a barrier on the Golden Gate Bridge
- Virginia Wright attended the Native American Conference
- Rebecca Turner met periodically with Dr. Cabaj on current and upcoming issues for the Board and the department
- Rebecca Turner met with Judge Mary Morgan of Behavioral Health Court to learn about discuss areas of overlapping interest between MHB and BHC and the need for advocacy

Which Board members are on MHB committees?

- Budget Committee: McGhee, Douglas, Keyes, Moses, Williams
- Program Committee: Casados, Turner, Eichenbaum
- Planning Task Force for May Event: Purvis, McGhee, Casados, Wright, Brown, Williams, Shukla
- Executive Committee: Turner, McGhee, Williams, Keys, Casados, (Purvis – for task force)
- Nominating Committee: (ad hoc) Moses, Brown, King

Innovations by the Board

- Developing a website

What progress has been made toward the 2006 goals we set at the last retreat?

▪**Goal #1:** Develop new partnerships with other organizations in order to collaborate on mental health issues.

- Small Business Commission
- Behavioral Health Court
- The Coro Foundation
- San Francisco State University
- And, we maintained our long-term partnerships with SFPD and MHA

▪**Goal #2:** Lead and participate in education and advocacy efforts in identified legislative areas.

- Presentations about violence in the Bayview and Foster Care issues
- Resolution about violence

▪**Goal #3:** Provide education to San Francisco organizations and the community about critical mental health issues.

- Our letter of concern to the Board of Supervisors on violence and foster care
- Our letter advocating Mental Health Court and Behavioral Health Court
- Kevin Hines' educational activities such as a presentation at the SF Suicide Prevention Board retreat

- Training provided by James Keyes (how to advocate)
- Training activities by Kate Walker, Benito Casados, Bob Douglas, Tom Purvis, Bridgett Brown, Kevin Hines (SFPD)

Welcome New Board Members

- Bridgett Brown
- Jeanna Eichenbaum
- Virginia Wright

2.0 Report from Dr. Cabaj:

Budget projections are better, but we still have a deficit. The mayor is considering a 3% reduction in the General Fund for some departments. There may be a \$63 to \$64 million deficit.

We are facing challenges in getting increased funding for community-based organizations (CBOs).

Contractors are suffering from working years without pay increases. Some contractors are leaving.

We received \$100,000 for vocational rehabilitation services with the State promising to match three times that amount for a total of \$300,000. The State didn't come through.

There is more funding coming up for Proposition 63, \$5.7 to \$8 million. We also should be rolling out prevention, education, and training operations.

I expect a smooth upcoming year.

We need to increase housing. There are 150 units coming up.

The Board has had an impact on staying the "execution" of the Behavioral Court. Judge Mary Morgan had been reappointed, but there is still a question as to whether she will remain with the Mental Health Court. CBHS is looking for funds to help them..

There has been a direction change. People who are not seriously mentally ill are not reimbursed by MediCal. An example of this non-reimbursable treatment would be couples counseling. We are trying to provide some of these prevention services.

We are building an Urgent Care Center. We are also working on a continued integration recovery model and needs we find with Project Homeless Connect.

3.0 Foster Resolution:

Whereas:

- Due to the fact that 70% of the children in foster care are African American, we suggest that all children entering the foster care system be considered high risk and receive evaluations and mental health care on a priority basis.
- Too many kids in foster care end up in the criminal justice system
- Treatment rather than punishment
- Newly developed behavioral health court very effective
- Children are being released out of the foster care system without needed support, knowledge, vocational skills, to succeed
- African Americans at 70% are the highest risk group in county, while only 5.6% of the city's population with Latinos not far behind
- 24% of the murder victims were previously in foster care
- 39% of the suspects committing the murders were in foster care
- Grandparents are assuming responsibility for caring for their grandchildren
- 2,200 number of children are in foster care in SF
- The suicide rate is significantly higher for foster care kids
- The substance abuse rate is higher for foster care kids – CHECK
- There has been a positive reduction in case loads for child welfare workers, which facilitates more appropriate oversight.
- The potential for abuse is higher in foster care
- 55% of foster care children receive mental health services

Therefore, we resolve:

- Financial support and mental health services for grandparents taking care of grandchildren
- Youth Task Force should be expanded and others introduced
- Transitional care for youth 18 and older who age out of the system such as: job training, housing, school vouchers, financial aid, transportation (muni passes), family planning
- Reduce the case load of each manager and continue this trend so that appropriate oversight is possible.
- Care for children when they are young will save tax dollars in the future

4.0 2007 Goals:

Review of 2006 Goals. What to keep. What to Add.

Goal #1: Develop new partnerships with other organizations in order to collaborate on mental health issues.

- Behavioral Health Court: are we advocating enough? It was suggested that we invite Judge Mary Morgan and Judge Manley from San Jose
- Small Business Commission
- San Francisco State University
- Coro Foundation

Partnerships we might look into:

- Jobs, i.e. work with developers and contractors regarding housing
- Relationship with School Board re. foster care
- California Department of Vocational Rehabilitation and foster care
- Referral system within
- School system for mental health issues
- Raising awareness in schools and families regarding mental health issues
- New issues might come from Mental Health Board and School Board discussion (James Keys has contacts on School Board)
- Join with people at Wellness Centers
- Kevin and others to speak at schools
- Collaborations between school, mental health board, private sector
- Collaborate with agencies where already connected
- LGBT Community
- Teen pregnancy – foster care
- NAMI

Goal #2: Lead and participate in education and advocacy efforts in identified legislative areas.

- City Budget Process
- Prop 63 follow up: “Where will it land?”
- Money for housing
- Prop 1C – State/housing/ Board/Mayor/Resolution – need more information – need to have a speaker
- Supporting extended families, ie grandparents
- Need to be aware of important events, ie.: elected official events that public can attend
- Need to be on more mailing lists for political events

- Focus on officials who work on mental health
- Universal health care in SF, mental health??
- Advocate for Golden Gate Bridge barrier, www.bridgerail.org
- Commendation for youth advocates

Goal #3: Provide education to San Francisco organizations and the community about critical mental health issues.

- Need to get more media
- Press conference (we've never done)
- Write OP ED pieces
- Mental Health as the new civil rights movement
- By year 2020, 70% of Americans will have some episode of mental illness at some point in their lifespan
- Publicity for "Walks", etc.
- Need for more Gender Specific programs

5.0 May 2007 Event:

Awards for Healthy Workplaces

Next Steps:

1. Identify a location (Irvine Foundation, Coro Fellow's hotel)
2. Specify a date in late May 2007
3. Identify the M.C. (Robin Williams, Kitty Dukakis?)
4. Time of the event: 6 - 8 pm
5. What refreshments?
6. Co-Sponsors/work with to plan (SBA, MHA, Labor - SEIU, Compass Point)
7. Press Coverage
8. Will give 6 awards - non-profit, business: small, medium and large
9. Get funding (Janssen)

ADJOURNMENT:

There being no further business, the meeting was adjourned at 4:00 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

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THE MENTAL HEALTH BOARD MEETING

FOR WEDNESDAY, DECEMBER 13, 2006

DOCUMENTS DEPT.

IS CANCELED.

DEC - 4 2006

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Instead, the Board will be holding it's Annual Retreat
from 9 a.m. to 4 p.m.
on Saturday, December 9, 2006

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No final votes will be taken on any action items at the Retreat. All issues arising at the Retreat which require a vote of the Board will be placed on the agenda for the regular meeting of the Board on January 10, 2007. For further information, please call the office at 415-255-3474.

